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EDITED BY J. ADAMS ALLEN, M.D., LL.D.; AND WALTER HAY, M.D.

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Original Communications.

ARTICLE I.—*To Prevent Rotation in Fracture of the Femur, when treated by Weight and Pulley.* By J. E. O'BRIEN, M.D., Scranton, Pa.

As extension, and sometimes counter-extension, can be best maintained by adhesive plaster, in the early stage of fracture of the femur, it only remains to apply the same means to prevent rotation. If I treat the right limb I wind two straps around it at the knee, and tack them to the sides of the bed; the right strap leaves the popliteal surface, the left strap leaves the patella. I wind one of them just above the patella, the other just below. This is the best plan yet tried to prevent rotation; I have used it in two cases.

While writing about this fracture, I will mention an easy method of improvising a good thigh splint, which I think will be appreciated by my fellow students in the country. Having put on the weight for extension, take binders' board or leather, measure from

the patella to the pubes, and round the thigh, above and below, cut accordingly; soften the splint in hot water, slip it beneath the thigh, tuck in an even layer of cotton on each side till the cotton meets behind; pass four leather straps with buckles under your splint, mould it to the limb, using more cotton if necessary, and draw the straps tight. This is an efficient splint, but I have suited myself still better by having it cut into strips after it has been on a few days, and uniting them hinge fashion, by strips of adhesive plaster.

With such means for preventing rotation, such facility in improvising short thigh splints, and with the sand bags to support the leg, I consider the weight and pulley treatment almost perfect, and have used it in the Lackawanna Hospital here, and in private practice. Just now there is a discussion going on in New York on the treatment of this fracture, and an effort is being made to introduce plaster of Paris as a *primary* dressing.

ARTICLE II.—*Another Case of Habitual Regurgitation, similar to the one reported in former number of* MEDICAL JOURNAL.
By GEO. W. EMERY, M.D., De Pere, Brown Co., Wis.

William H——, aged fifty-six, a farmer, consulted me a few months since at my office, then in Paxton, Ill., for what I then discovered to be intermittent fever. In taking the particulars of his case, he informed me that he had a peculiar habit, which he said had existed for twenty-five years, and for which he had consulted several physicians without any beneficial results, and none claiming to have met with a similar case. The following is from my case book:

No cephalalgia nor vertigo; at present has bad taste, and tongue is furred; never subjected to constipation, and appetite has always been good; he regurgitates his food while eating, also several times after meals, and again after repeating the operation of mastication returns food to the stomach, the amount regurgitated decreasing after each time regurgitated; about three hours after meals the eructations cease to be palatable, as they then acquire a

bitterish, acid taste, and the patient then expectorates the then much decreased eructations, which appear of a chylous nature.

He also stated, as in Dr. Graham's case, that the pleasure of remastication excelled that of the meal. In this case I found hepatic hypertrophy, with some splenic enlargement, which I think was produced by malarial fever about seven years previous, and which I could not connect in any way with the condition named.

My treatment was not directed to a case of abnormal condition of the stomach, as the patient, as well as myself, considered the case from its long standing beyond any aid. My theory is that it was an acquired habit, and with care in masticating, slowly eating, and opposing the habit, the difficulty could have been removed.

ARTICLE III.—*Case of Ascites, treated by the Introduction of a Drainage Tube.* By J. M. WEST, M.D., Springfield, Ill.

For the purpose of calling the attention of the profession to a somewhat novel method of treating a class of abdominal dropsies, the following case is reported:

A German farmer, aged sixty-six years, bachelor, residing some twenty miles from my office, called for advice and treatment. Has ascites of two years' standing; has had treatment, which was only palliative; could not detect either cardiac, renal or hepatic disease to be the cause of the dropsy, and hence concluded that there existed in this case a secretory action of the peritoneum above the capacity of the absorbents to remove. For the purpose of removing the accumulation now existing, tapped the patient on the 21st of April, 1873, removing three gallons of fluid. He was then put on the usual remedies for the purpose of preventing a reaccumulation, but without success, since on the 29th it became necessary to tap again. On the 10th of May was obliged to resort to the same process. Again on the 16th, in each case removing about three gallons of fluid.

It was observed, after being tapped, that for several days the patient's appetite was good; he slept well, and seemed to recu-

perate rapidly, until the distention appeared to interfere with the digestive and assimilative functions, then he rapidly lost ground again. A casual remark in the presence of the patient in reference to a drainage tube, set his wits to work, by which he came to the conclusion that if a tube was inserted in his abdomen for the escape of fluid, there would then remain nothing to prevent his speedy recovery. The danger of such practice was pointed out to him, but he did not seem to appreciate it; he seemed, as time went on, and other measures failed, only the more importunate to have it done. After consulting with Drs. Townsend and Phillips, of this city, and taking into account our belief that after a dropsy has existed for a time, the susceptibility of the peritoneum is very much lessened, it was determined to introduce the tube, which was done at last tapping. We believed that such a measure would relieve the embarrassed respiration and assist digestion, and a vigorous digestion and assimilation of plastic material would thereby enable him to surmount the difficulty.

I had made, a silver, spool-shaped tube for the occasion, corking it, and allowing the patient to remove the cork at will. The tube was allowed to remain ten days. At the expiration of that time, there being no further indication of fluid, and patient experiencing considerable pain, it was deemed best to remove it. The patient's abdomen feeling tense and lobulated, as well as tender to the touch, a few doses of opium and quietude set matters aright with an entire cure of our case. Up to this date, now for more than one year, the man has been entirely free from his dropsy. No doubt there was a sufficient amount of inflammatory action set up to change the relative balance between the secretive and absorptive action of the peritoneum, and probably to cause some adhesions between their opposing surfaces.

ARTICLE IV. — *Report on Surgery.* By J. L. HAYS, M.D., of Paris, Ill., May 1, 1874.

Mr. President and Members of the Æsculapian Society:

I have the pleasure, as Chairman on Surgery, to report a few cases of some importance.

My first, is one of organic stricture of the urethra in a married male, aged 38. He first found himself with stricture during the war, and was treated by the surgeon of his regiment and cured; near the close of the war he had another attack, when it became so difficult to micturate as to require treatment by catheter; he procured himself a catheter and passed it occasionally until about two months before I saw him in September of last year. He had been informed by some physician that the only way he could be cured was to be operated upon by cutting out the stricture. The physician who had him under charge at the time I saw him, told me he would not consent to have a catheter or sound used—that he was determined to have the stricture cut out with a knife.

I saw him the 19th of September, with a haggard, anxious expression, terrible pain in region of kidneys, bladder largely distended, pulse 100, groaning at almost every breath, and when he walked about the room he went bent over with his hands on the hips. His drawers and bed clothing were wet, and a peculiar odor issued from his person. By standing over a vessel a long while and occasionally straining, enough urine escaped to discover its condition, it being excessively turbid, with muco-pus suspended in it.

I was denied the privilege of sounding the bladder, as he declared no man should touch him but to operate. His treatment previous to this had been judicious, having in view to relieve any congestion or spasmodic condition that might be present. The night previous he had taken a large saline cathartic, and it was followed by an opiate.

When I assured him I would operate, he consented to let me pass the sound. I found a stricture one inch from the meatus, but passing the sound down it stopped in the membranous portion. (The membranous portion of the urethra is three-fourths of an inch long, and lies between the prostate and the bulb.) I manipulated probably half an hour with different sized sounds, but made

no entrance. We then put him under chloroform and the sound again stopped at the place as before; I cut down in the raphe to the point of the sound and passed the knife up to the prostate, when the sound slipped in; I then drew off the water and cleaned the catheter and left it in the bladder. Forty-eight hours afterwards I again attempted to pass the catheter, but it would not enter the bladder. We put him under chloroform again and cut a small bridle of the stricture, and passed my finger into the membranous end of the prostate, when the sound (and then afterwards the catheter) passed in readily. I visited the patient the following day and introduced the catheter easily. The next day I failed to introduce the instrument, but as he passed a tolerably good stream through the wound I was satisfied to let him remain.

Although we kept him upon tonics and as good diet as could be had, his health failed, and on the sixth day I thought he would not recover; his condition became very critical, with an anxious, haggard expression, delirous, and pulse feeble at 120. Constitutional treatment was all that could be done; this we kept up, while the flow of urine gradually improved, but most of it passed through the wound. I procured a Holt's dilator, but had the same success—failed to pass it. In four weeks the wound had healed, except a fistulous opening; I closed this by paring the edges, and a suture; in seven weeks after I operated he went to work, being able to pass a moderately large stream, the patient introducing a catheter daily, to the prostate. In February of this year he left the country, and I lost sight of him.

On the 29th of June, 1873, I was called to see a child æt. 6. who had drawn a grain of parched coffee into her windpipe. It had been done three hours before I saw her with Dr. Baum. It was dark when we got to the house. She had been sleeping, but awoke as we entered, and I thought would suffocate, but the paroxysm of coughing having passed, she again fell asleep, and we decided not to operate till morning.

Next morning, Dr. Ten Brook and myself repaired to the place, found the little patient sitting on her mother's lap breathing badly, had had several spells of coughing, but without the effect of expectorating the foreign body. We at once decided to operate, and

with the parent's consent, chloroform was administered. We made the operation of tracheotomy. The hemorrhage was considerable although I divided the structures carefully with handle of scalpel; when we reached the trachea, the child had a violent paroxysmal cough and might have suffocated, as it had turned blue and was in a terrible spasm, when I pushed the knife into the trachea, the air whistled in sharply and the child became quiet; cutting about three rings of cartilage and pulling the sides asunder by threads passed through each side, we cleaned out the blood and mucus and found the grain of coffee lodged in the vocal chords of the larynx; after extracting, we closed the wound with adhesive straps, and she made a speedy recovery.

John B., of Indiana, German descent, aged 65, came to my office in the spring of 1872, to ask my opinion in regard to his eyes. I saw he was blind, of cataract, but asked him to give me the history of the case. He said that two years before, he became blind in the left eye and soon noticed the other failing him, which condition continued till he became perfectly blind in a few months afterwards. Some man at Indianapolis, who had some reputation, had gone out to his home and operated on the left eye, but instead of it curing him had made him worse, as he was unable afterwards to see light, and ever since he had suffered with neuralgia and rheumatism.

Upon examining his eyes I found a mature cataract of right eye, pupil perfectly dilatable. The left eye was suffused in tears; pupil nearly closed, with peculiar lustre; iris colored; pupil not affected by atropia; tension increased; conjunctival and sub-conjunctival vessels engorged. and pain in the eye ball and temple. There was no mark of an operation for cataract visible. My diagnosis was easily made, which future developments proved to be true. I had here a case of chronic irido-choroiditis supervening on the operation previously made, and what was the operation? Evidently the operation for cataract by the reclination method.

The question I now had to decide was, is an operation for cataract safe and judicious? This I answered negatively, for the following reason: It has been a well authenticated fact for several years, that a foreign body in the humors of the eye is most likely to produce irido-choroiditis in that eye, and sympathetic ophthal-

mia in the other, and the hope in such a case is in the removal of the affected eye. To have operated on an eye for cataract in which the other was already blind from irido-choroiditis would have been to sacrifice what little hope was left, and doomed my patient the remainder of his life to darkness.

I therefore advised enucleation of the left eye and a subsequent operation for cataract on the right. He did not consent to this, and returned home. I lost sight of him for about a year, when he returned, still suffering from irido-choroiditis. I again insisted on his having the eye removed, when he reluctantly consented. On May 8, 1873, it was removed, the excessive pain from which he had suffered for so many months left him, and he entirely recovered in about two weeks. On the 30th of the same month, by the assistance of Drs. Miller, Wooley and Baum, I made Liebreich's modified linear flap. The capsule was ruptured, and the lens came out by pressure. I had no prolapse of the iris, and did not make an iridectomy, which is usually done. In five days my patient could bear considerable light. A very slight attack of iritis having occurred in two weeks, I suited glasses to him: for reading, No. 2; for walking and distance, No. 4. The pupil was round, with the exception of a small bit scarcely discernible.

I attribute my success in this case to two things: First, in not being baffled by the patient when he declined to be operated upon rather than have the eye removed; and second, by having full control of the patient when I did operate.

My next case, is E. M., blacksmith, who, six years before I saw him, had a piece of steel or iron scale pass into the eye while at work on the anvil. A physician was summoned, who put him in a dark room and treated him perhaps judiciously; the result, however, was, he went blind from iritis; the attacks of iritis would recur on account of posterior synechia and occlusion of the pupil. The choroid in course of time became involved; this produced or resulted in the same sort of case as before stated, irido-choroiditis. He kept his bed two months; when I saw him I advised an iridectomy, as promising some relief; this was followed by so much relief that he went to work, but it again became as bad as before. I then made a large iridectomy in the upper portion of the iris, which

promised even better results; but eventually, after he had been at work two weeks, the pain recurred, and he sent for me to take the ball out; this was done early last spring. A few months later, I procured for him an artificial eye which serves him a good purpose, and I am pleased to say he is satisfied.

ARTICLE V.—*Uterine Hemorrhage, appearing after five and one-half Months' Gestation, caused by Detachment of the Placenta—Premature Delivery, favorable to Mother and Child.* By L. J. WILLIEN, M.D., Terre Haute, Indiana.

Knowing the anxiety and fear all practitioners entertain, when consulted or called to the bedside of women affected with hemorrhage, I will here give the history of one, rather of an interesting character.

Was summoned to see A., aged 16 years, medium size, nervoso-lymphatic temperament, delicately constituted; blonde, fair complexion. Has complained more or less of poor health during the last year. Menstruated when fourteen years of age; always regular, but accompanied every time with severe pains in back, and bowels, and headache, which soon ceased after the menses had appeared.

On the 18th day of May I made my first visit, and obtained the following information:

Menstruated the last time about the fifth of November, 1873; supposed to have become pregnant on or about the 15th of the same month; had enjoyed good health, no morning sickness, had good appetite, and bowels moved regularly. Never complained of pain until the latter part of April, when quickening increased, bearing-down sensation, pains in lumbar region, with more or less sensitiveness towards fundus of the womb, rather exaggerated on pressure; the discharges from the vagina, a muco-sanguinolent fluid, became daily more abundant, until they were followed by pure blood, leaving no doubt in our mind of threatening hemorrhage. Fœtal pulsations were distinctly heard over the pubis and to the right. External palpation revealed no abnormal condition, either in form or position of the uterus.

Per vaginal exploration: Vulva and vagina normal; perineal and constrictor muscles relaxed, the canal containing coagulated blood; cervix elongated, and os tincæ barely permitting the passage of the finger, yet from it exuded a small quantity of blood. By careful digital exploration we discovered no signs of tumor nor spongy substance on the inner surface of the os. Not being enabled to reach farther at the time, we desisted from using force or subjecting the patient to more fatigue. The question as to the diagnosis was, Had we a case of placenta previa, *i. e.*, a partial one, or a detachment of the placenta's outer edge?

A few days of close attention and patience soon revealed to us that it was the latter.

In the meantime we ordered our patient to absolute rest, cold, acid draughts, bowels moved with siedlitz powders, laudanized enema per rectum, and 30 drops of fl. extr. of ergot every three or four hours, until hemorrhage ceased. On the 19th and 20th, patient is somewhat better of pains, but flooding continues and is becoming more abundant. The same evening at 4 P. M. the patient was taken with a chill, followed by severe uterine contractions. Ordered sulph. of quiniæ, gr. ij; ergotine, gr. iij; ext. conii, gr. j; M. ft. pil. No. 1. Repeat every three hours; having suspended ergot several days previously.

After taking the pill the patient felt much relieved, and hemorrhage apparently ceased. On 21st and 22d, rested very comfortably; only complained of a little nausea toward bedtime.

May 23, at 6 P. M., hemorrhage becomes more abundant, uterine contractions continual, with unrelenting pains in the back, general nervous jactation, hands and feet cold, pulse 100, soft and regular, facies turgescent; considerable blood in vagina, cervix effaced, os tincæ flattened and edges yet resistant; head presses down.

Ordered enema with 20 m. tr. opii, per rectum; R. Inter. gum opii, gr. $\frac{3}{4}$; pulv. pot. chlor., gr. vj; pulv. pot. bromidi, gr. xv. To be repeated in sweetened water every three hours until relieved.

Soon after, patient fell asleep and rested until morning. Fearing perhaps some intermittent, rheumatismal type of uterine fibres, we ordered 8 grs. of quinine to the above powder, which the patient took on the morning of the 24th. Called to visit her again at 11 A. M. Wasted very little during the night. Vomited early in the morning, but afterwards retained her victuals. Uterus hard

and painful on pressure. Pulse soft and regular; 80 per minute. Bowels constipated. Ordered seidlitz powder every two hours, and absolute rest.

At 3 o'clock P. M. was summoned in haste to her bedside, with information that she was worse. Fearing any serious complications, and unwilling to take upon ourselves all responsibility, we kindly invited Dr. J. D. Mitchell to visit the patient with us. At our arrival we found uterine contraction fully established, strong, regular and expulsive. On external palpation felt strong motions of the child. The vagina was moist, more or less blood flowing therefrom; cervix uteri completely effaced; os tincæ dilated to the size of a silver quarter; head of child pressing into the upper strait; membranes protruding slowly. No signs whatever of placenta juxta ori being discovered.

Six P. M. Os dilated, membranes protrude, contractions strongly expulsive, membranes give, and are ruptured at half-past seven. The head passes through the vulva at eight o'clock. The child breathed immediately; of the female sex; very small, of about two and a half pounds' weight; body well developed; finger and toe-nails nearly grown. The liquor amnii was abundant, and of a dark-brown color. The placenta was expelled a few seconds after the birth of the child, and discovered the following points of interest:

1st. Funis twelve inches long; umbilical veins varicosed; placentary tissue very consistent, oval-shaped, showing near the margin to the extent of three inches in length and about an inch and a half in width, a dark, soft mass of previously detached placental tissue; the utero-placentar vessels gradually breaking, and thereby causing the hemorrhage. Not the least sign of flooding appeared after delivery, both mother and child doing well.

This premature delivery we considered a happy event for the mother and child, when we know how alarming and dangerous uterine hemorrhages are, no matter from what cause, during gestation.

ARTICLE VI. *A Case of Perforation of the Bladder, followed by Recovery.* By L. J. WILLIEN, M.D., Terre Haute, Indiana.

Daniel S——, æt. twenty years; sanguino-lymphatic temperament, strong constitution, light complexion, medium size; miner by profession; born in Scotland; working in the mines at Brazil, Indiana, some three years; enters Providence Hospital on the 27th day of November, 1872. Being summoned to his room, we obtained the following history of the case:

Six weeks previous to his arrival at the hospital, while working in a mine, one of the arches in the gangway gave way; a large block of slate felled him to the ground, striking the lower portion of the spinal column, pelvis, and lower extremities; he was then removed to his boarding house, with a complete paraplegia; beginning about the third lumbar vertebræ, both motion and sensitiveness were lost, as also the bladder and rectum. Although no evident signs of fracture of the pelvis were discovered, yet internal injuries were to be feared.

The attending physician, perhaps not forseeing the dangerous consequences, introduced a silver catheter into the bladder, and left it there without removing it for several days, and the patient apparently regained motion and sensibility of the parts injured. Suddenly he was taken with intense burning pains in the lower bowels, repeated chills, with high fever, followed by an abundant perspiration, with tumefaction extending from the pubis up to the right crest of the ilium, and descending along the groin to the lower third of the thigh.

After undergoing a general treatment, both internally and locally, the abscess broke about two and a half inches below the crest of the ilium, discharging a vast quantity of thin pus and urine. Two weeks from that time Daniel was sent to the hospital by his friends in such a weak and exhausted condition that they feared he might not reach the hospital alive. On his arrival he presented the following symptoms: Great emaciation of the body; skin dry and hot; eyes sunken in their orbits; tongue red and dry; breathing short and quick, with numerous mucous and sibilant rales disseminated through the posterior parts of the chest; great thirst; no appetite; pulse weak and depressible, one hundred per minute; bowels constipated; passes no urine through

the natural channels; part motion and sensibility in the left leg, with total absence of same on the right side. All inflammation, excepting of the thigh, had subsided, leaving the fistulous opening already mentioned, out of which freely flowed a heavy stream of urine when direct pressure was made upon the bladder. The thigh was very painful, surface of the skin red, with evident fluctuation. As far as probing would permit us through the fistula, we had before us a plain case of perforation of the bladder of the middle and anterior surface, causing numerous urinary abscesses of the abdominal muscles and thigh. Two indications presented themselves as to the treatment of the case: 1st. A good nutritious diet, such as beef essence, rare steak, eggs, etc., wine, eggnog, etc. Medicines: Tincture of cinchona comp., one teaspoonful three times a day. Externally: Carbolic acid, one-half drachm, rain water, oz. iv. Mix, and apply to fistula. At the same time we introduced a small catheter bougie as far as possible with safety, and pushed with a syringe some of the solution through the fistula, besides introducing a soft rubber bougie into the bladder, to favor a free evacuation of urine. Applied warm poultices, well sprinkled with laudanum.

Nov. 28th. Same condition; same treatment; bowels constipated. Ordered five grains pulv. rhubarb every three hours until effect. Made three free incisions into the thigh to evacuate accumulated pus and urine; then made free injections through the diffused abscess with tepid carbolized water, ordering the whole covered with a poultice.

Nov. 30th. Patient somewhat better; pulse eighty per minute, soft and regular; cough less severe. R. Syrup phosph., iron, quin. and strychn., tr. cinchon. comp., *aa* dr. j. Repeat three times daily, and continue same as before.

Dec. 2nd. Same state and same treatment. Same on Dec. 3rd, 4th, 5th, 6th and 7th, with slow improvement.

Dec. 10th. Urinates without catheter; the abscess of the thigh heals rapidly; very little urine escapes through the fistula; his appetite is good; continue same treatment.

Dec. 18th. Urinary fistula nearly closed; no more urine escapes; thigh well, and patient asks permission to leave the bed, having no remaining symptoms of paraplegia. We continued a tonic treatment and diet during two weeks more, without intermission, after which time the patient had entirely recovered.

ARTICLE VII.—*Food for Infants. A Review of the Review.*
By ALEX. S. VON MANSFELDE, Chicago.

Personally we would refrain from a reply to the reviewer's article, since our "little knowledge" (we never claimed more) forbids us to curtail the space of a journal, the tendency of which is the dissemination of medical knowledge, either theoretical or practical; but for the desire to defend a theory, the practical demonstration of which is so highly worthy of the attention of the best of our profession, since it is followed by consequences not altogether indicative of "absolute nonsense."

We admit that our "surface reading," in the language of the reviewer, would forbid a rejoinder to his profound (?) criticism, but for one short-coming of our friend, the utter want of sight; and since we sat side by side with him in old Rush once upon a time, we are pained to observe this deformity, and, for old acquaintance sake, shall endeavor to operate, and hope the best from it for our friend.

He says, on page 286, May No., Chicago Med. Journal:

"The young infant relies upon milk for both food and drink; hence it is important that the proportion of fluid and solid should correspond with its wants. We add a *little water* (our own) to make good these proportions, and not, as our author observes, for the purpose of 'diluting casein.'"

We never said that water was added solely to dilute caseine, nor gave our opinion in regard to the matter, but simply quoted authorities, and the reviewer attests the same "*to make good the proportion*," and we denied, and do now most positively deny the correctness of such practice.

That milk is dilutable, or its components, of which caseine is one, we know by the practice of the Chicago dairy-men; and that the proportion of its solids to the fluid can be brought in harmony with the relation existing between the different components of human milk by the addition of a little water, 10–20 parts of water to a thousand, we surely could not deny; but ridicule the addition of 1000 parts of water to 885 already existing, in order to make up for a deficiency of 10 to 20 parts. *And such is the authorized practice!*

We are not aware of the beneficial action that such water does assert upon the precipitate in the stomach, other than a solemn protest of the cloudy caseine, left behind by the cowardly retreat of the water, leaving the poor organ to do the best it can with such *product of infinite dilution.* It must certainly be beyond the reviewer's right to claim propriety for such dilution, until he shows its favorable action upon the digestive process.

We claimed the opposite, and gave our reason. Authorities: Todd and Bowman. "Drinks, as water and various other liquids, fermented or not, are doubtless likewise in great part absorbed in the same way as liquefied albuminous food from the surface of the stomach. (Page 563) it is, its blood vessels (Page 562). If milk be introduced into the stomach, its caseine is first coagulated and afterwards apparently dissolved. The solidified caseine seems gradually to melt down, and becomes absorbed." (Page 560. Dalton's Physiology, p. 133.)

"There is never much fluid found in the stomach during digestion of any article of food, but gastric juice is constantly secreted and constantly absorbed, together with the food digested by it." (Dalton's Physiology, p. 133.)

"An observant patient of mine with emphysema, tells me that she finds it a good rule never to drink with her meals." (Chambers on Indigestion, p. 90.)

"Drinks are immediately absorbed, or otherwise disposed of." (Carpenter Phys., p. 114. William Beaumont's Experiments, p. 97.)

"But it has some degree of importance in demonstrating the fact that a degree of solidity (of food) is necessary for the operation of this agent (pepsin)." Dr. W. Beaumont's Experiments, p. 146. Author's edition, 1833.

Again he says, on page 287, Chicago Medical Journal:

"Just how sugar is assimilated we cannot tell, but this we know that it is *essential,*" (his own).

We have no objection to a little sugar, if the reviewer pleases, but never observed its helping the infant, who was fed by milk to which sugar was added; which in such cases is seldom regulated by the natural requirements, but is given far above its normal quantity.

Does the reviewer assert, upon his own experience, that craving sugar is a *natural* appetite? Would like to have him prove that

sugar does not interfere with digestion, or tend to intestinal irritation. What has he got to say against the assertion that children may have *polyphagia and pica?*

Will not oil take the sugar's place in the economy of the child, and may it not be *less harmful* than sugar? Authorities:

"It is therefore quite natural to find that *any excess of sugar taken ready made*, induces discomfort in dyspeptic patients. It is undigested, and the greater part undergoes *acetic fermentation* by the second or third hour after it is eaten. During its fermentation it also encourages fermentation in other articles of food, and by its presence oleaginous food is apt to be rendered indigestible also. Great discomfort will sometimes go on for a long time from this cause without being suspected, and cease by the simple expedient of *leaving off a constituent of diet so little necessary as sugar.*" (Chambers on Indigestion, p. 52.) (Emphasis our own.)

"The much greater frequency of softening of the stomach and intestines in infancy and early childhood than in adult age, and the great amount and the wider extent of the alterations, have received considerable elucidation from the researches of Dr Elsaesser. He found that a much more rapid action upon the animal tissues, than that exerted by the gastric juice, was put forth by any substance capable of undergoing the *acetous fermentation combined with pepsin* (our own). Such substances are furnished by the milk, as well as by the various farinaceous and *saccharine matters* (our own) on which infants almost exclusively subsist. The tendency of these substances to undergo the acetous fermentation, is checked by the presence of healthy gastric juice, while, as we know by experience, it takes place very readily in infants who are dyspeptic, and to a very marked degree in many cases of infantile diarrhœa." (West. Diseases of Infancy and Childhood, p. 485.)

On the same page our reviewer says: "We have yet to learn that simple redness of the mucous surface, which always occurs during digestion, is an inflammatory indication, *as stated by the writer*" (our own). Now, what does the reader imagine we think of such language, when compared with our own statements: "The acidity and chemical changes leave a reddened condition of the intestinal membrane, an inflammatory indication, not even noticed when chloride of sodium is substituted for sugar."

What has the reviewer to say to Drs. Chambers, Elsaesser and West? Is the fermentation process so complained of by the former, caused by saccharine or oleaginous food? Is the softening of the stomach and intestines, which is found in so many children after death, as stated by the latter authorities, caused by normal afflux of blood consequent upon normal digestion? Or is not dilation of the capillaries, abnormal rapidity of the blood current, reddening of the surface, transmigration of the white-blood corpuscles; increased egress of the liquor sanguinis; stasis, caused by grouping of the red corpuscles—in one word, *inflammation*—the necessary precursor of softening, which may be and often is caused by fermentation of saccharine aliment? How can the reviewer charge us with confounding the *third step* in the series, denoting the inflammatory process, with *inflammation itself?* He certainly leaves room for doubt as to any work on pathological histology ever having reached his little village.

We may have our own estimate of the "*high calling*" in which we are engaged, but should like our next reviewer to disprove our *assertions*, and not define the relation we hold to our mental balance sheet.

In regard to the experiments we instituted, of which the reviewer speaks in such delicate terms on page 289—which language may be well compared with a *deliberate knocking down* and asking the prostrate antagonist's pardon "*with due courtesy*"—we simply draw the reader's attention to the following:

On page 288 he says: "In No. 3, according to his observation, precipitation failed to take place." On the same page: "In No. 3 we are utterly at a loss to understand how the gentleman could so fail in correct observation."

Now observe our own statement, on page 141: "In No. 3 we observe small granules of precipitated caseine, smaller and compacter than those in No. 1, but the fluid retained its milky appearance." Do we say anything even similar to his statements, or did we leave such impression upon the reader? We simply wished to convey the fact that the precipitate in No. 3 was neither deposited upon the bottom of the vial nor raised to the surface of the fluid, but was held in suspension in the same—and surely our language does not permit any other definition—in the form of a true caseine precipitate.

But what we did claim and assert to-day, is, that the addition of oil to milk does, either in the stomach by natural coagulation or by artificial precipitation with any acid, give form of a coagulum, which is far more spongy than that produced by the omission of oil.

Why does our reviewer say nothing about the physical appearance of his precipitate?

Why does he not try to disprove Elsaesser's assertion, to which our investigation forms simply the missing link?

That the reviewer has no objection to Lehman's *theory* (our own), we consider farcical, as his objection would not weigh a grain one way or the other; but the renowned teacher, we claim, has a right to see the authority by whom *his facts* are degraded to simple *theories*. We have given authorities in our article, and do this in our present note, and shall not answer any argument, after this, that is not based upon experiments, or is corroborated by authorities, *at least as good as our own*, for we aver our dislike to swallowing assertions whole.

Now, in regard to the addition of oil, our reviewer says, on page 284:

"We are decidedly of the opinion that *no addition* (his own) would be far preferable to that which he recommends but does not tell us he has tested practically."

On page 287 he says of sugar: "That as an aliment it can largely take the place of fat."

Now, all these would not deserve mentioning, for they are assertions and opinions of the individual, and manufactured for the occasion, but for the test of practicability he requires.

Please read what Chambers says on indigestion, page 63:

"The effects of cod-liver oil become less and less a marvel the more we know of physiology. The instinctive desire shown by all nations for an oleaginous diet, and their association of substances of this nature with proverbial ideas of happiness in all ages, show the value of a certain amount of it to man's comfort. The butter and honey of the prophet, used as a phrase of royal food, and the constant reference in the Bible to oil as a luxury (though it could have been no rarity in a land of oil-olive), these are sufficient to prove its estimation among the Hebrews. The Hindoo laborer, when he devours his gallon of rice for a meal, will spend all the pice

he can get on the clarified butter of the country, and 'as good as gher!' is his expression of unqualified admiration. It was a mistake in Baron Liebig to state that oily foods are disgustful to natives of hot climates. All races of men require them and seek after them; and the taste of the Esquimaux, so often quoted, depends mainly on the abundant supply of the article which the sea places at his disposal, coupled with a scantiness of other provisions. Throughout mankind there is an instinctive appreciation of the importance of this aliment, independent of accidental differences of nationality or locality. It seems felt to be, as science shows that it really is, a necessary material for the renewal of the tissues, and the desire for it becomes synonymous with a desire for augmented life.

"An easily assimilated oil comes, in fact, into the short list of life-giving articles in the pharmacopœia, for it is itself the material by which life is manifested. Here, under its use, beneficial influences are exerted throughout the whole body; old wounds and sores heal up; the harsh, wrinkled skin regains the beauty of youth; debilitating discharges cease, at the same time that the normal secretions are more copious; the mucous membranes become clear and moist, and are no longer loaded with sticky epithelium; the pulse, too, becomes firmer and slower, that is to say, more powerful, for abnormal quickness here is always proof of a deficient vitality. Such are the effects, perfectly consistent with physiology, of supplying a deficiency of molecular base for interstitial growth."

What has the reviewer to say to this perfect hymn, sung to the praise of fat by one so capable?

On page 156, vol. xxvi, *Medical and Surgical Reporter*, we refer to the necessity of fat for the formation of all cell growth; for without this material, cell formation would not take place, at least such seems to be the conclusion arrived at by Rindfleisch and other histologists.

Dr. Burritt and myself, in *Medical and Surgical Reporter*, vols. xxiii and xxvi, have expressed our confidence in the efficacy of oil as a remedy for summer-complaint.

Dr. Fred. Schaller, of this city, has for years given almond emulsion with the most happy consequences, and *for the emulsified oil it contains*—for what else is of efficacy in this preparation?

He being a close observer, and having a large German practice, should surely be competent to witness the success of his remedy, and his praise is unqualified.

As to the efficacy of oil as an adjuvant to cows' milk, used for feeding infants, we refer the reviewer to the physical changes which it produces, and to its physiological effects, reminding him of the remarkable fact, that oil will act as a remedy in most disorders that are the cause and consequence of perverted digestion. Are not most hand-fed children sufferers from indigestion, and are not half of them victims of its deadly consequences?'

What about the reviewer's rules?

No. 1 simply states what teachers and books, with very few exceptions, teach up to this day. And what does this signify? It simply asserts the loss of fifty infants out of a hundred by this practice, and proclaims the unsoundness of such teaching.

No. 2 asserts things which the reviewer cannot sustain—which are disproven by most eminent observers, as above cited, and may be shown to be incorrect by any one who is addicted to the use of much sugar, especially by candy-eaters.

No. 3 simply throws the reviewer's argument to the winds, for it gravely asserts everything we desire for the support of our position. We pity the reviewer for not making this statement the heading of his article; it would have saved him all the rest of it.

It is: "If the milk be properly selected"—in the meaning of the reviewer, the last of the milking—"it is not necessary to add oil to it, for it contains already more fat than human milk." How wise!

My dear Doctor, this is the very thing we want!

Please send us, by all means, the last milking of all your cows, and then, farewell to "detestably adulterated cod-liver oil and sweet almond oil"!

Rule No. 4 has nothing to do with our article, for we would not breathe a word against it, nor did we.

Finally, we express our thanks to the reviewer for having noted our weak effort to further the cause of poor, suffering baby. And if we most humbly bow to Him who in the deep holds hidden many a ray of the sun of truth, we nevertheless strive to pluck one by one from their secret recesses to enlighten the world of science, in twilight arrayed, and hope that a glimmer of it will not fail to reach Low Point.

And should the warming tendency of the advance of knowledge melt away the crust that enshrines so many hearts, endeavoring, from their limited boundaries, to pluck the credit from honest endeavor, the writer will be amply rewarded; and the CHICAGO MEDICAL JOURNAL, for undertaking the laborious task of mediator, may be assured of the thanks of many who in their time have drunk only too much of brotherly love enshrined in calcified hearts.

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ARTICLE VIII.—*A New Treatment for Burns.* By M. OLMSTED BALDWIN, M.D., Wamego, Kansas.

Without offering comments upon the many remedies now in use for burns, the writer ventures to present one which may perhaps in part be new, and not without advantages.

For a considerable time, it has been our custom to use eggs, the white and yolk together, well beaten up, as a local application, and the remedy has given a great degree of satisfaction. Our manner of applying, is, after the eggs are well beaten, to saturate old and well worn pieces of muslin therein, and spread over the injured surface, two or three layers thereof being superimposed; the relief is immediate and complete. The dressing should be renewed each twelve hours, meantime, should it become dry, it may be moistened by dripping water over it. After the first two or three dressings we add a little carbolic acid and glycerine, to correct any disagreeable odor, and also stimulate the healing process. The dressing is easily removed, and leaves a clean, fresh-looking surface, not attainable under the old processes.

Selections.

Treatment of Vascular Nævi with the Galvanic Cautery. By B. F. DAWSON, M.D., etc., New York. From the *Amer. Jour. of Obstetrics and Diseases of Women and Children*, May, 1874.

In vol. iv, No. 3, November, 1871, of this journal, I published a paper on the "Treatment of Vascular Nævi with the Actual Cautery," and related therein several cases in which the most satisfactory results followed that method of removal, or rather destruction; and having since operated many times in like manner, I still adhere to the views therein expressed of its advantages and gratifying results.

During the last two years, however, I have had opportunities of witnessing the use of, as well as using myself, the galvanic cautery in various operations, when it is "par excellence" the best means at the command of the surgeon. Having possessed myself of an apparatus, I have used it many times for the destruction of nævi—in some of which, other methods, excepting the actual cautery, had proved unsatisfactory—with unfailing success and most gratifying results.

As many surgeons still seem undecided as to the best means for removing this not uncommon congenital disease, many still adhering to the oldest and most unsatisfactory methods, I deem it not inadvisable to add my testimony in favor of a method that at least one high authority, Dr. Maas, of Breslau,* pronounces to be followed by the best results, and much safer than the injection of iron or other coagulating fluid. This opinion he arrived at after having used the galvanic cautery in 112 cases with the following results: *Capillary nævus*—cured, 32; improved, 1. *Cavernous or venous nævus*—cured, 72; improved, 8; died, 3. *Arterial or racemose nævus*—cured, 2; improved, 1. *Nævus combined with other tumors*—cured, 6; improved, 1; result unknown, 2.

The galvanic cautery differs from the actual cautery in the means and facility for heating the needles, while it is superior to the latter from the fact that the degree and duration of the heat is wholly under the control of the operator, and consequently it admits of being used with greater care and deliberation, while the actual cautery needles, readily parting with their heat, necessitate their hurried use. These advantages, combined with the admissibility of using very fine needles, are the only advantages the galvanic can claim over the actual, for the effects of the two methods are precisely similar—destruction of the diseased parts by

* Archiv fur Klinische Chirurgie, vol. xii, 1871.

heat. Both methods have the advantage of allowing the destruction of nævi in parts of the body where it would be either unsafe or impossible to apply other means, as was the case in the third of the following cases which I have selected as best illustrating the advantages claimed for the galvanic cautery.

CASE I. Mary O'Neil, one year and eight months, was brought to me February 17, 1873, with an irregular capillary nævus, the size of a bird's egg, situated immediately beneath the lower left eyelid. The history was as usual—that it was a small spot at birth, but had grown rapidly to its present size, and was a source of annoyance to the parents, as well as considerably disfiguring the child's face. The parents wishing its removal, the following day (18th) I singed it carefully, but thoroughly, with the galvanic cautery, throughout its whole extent, but not deeper than the cutis, so as to guard against unnecessary destruction of tissue, and consequent cicatricial contraction. Cold compresses were then applied and kept in place by a bandage. The next day there was slight consecutive inflammation of the adjacent tissue, very little swelling, and but slight sympathetic congestion of the conjunctivæ. In a week after, all signs of congestion had subsided, and a thin scab covered the site of the nævus, which fell off on the twelfth day after the operation, leaving a healthy dark pink and soft escar, showing no trace of the nævus, and not in the slightest contracting or impairing the mobility of the lower lid. Several weeks after, a slight discoloration was the only mark noticeable.

CASE II. Jessie B—, two years old, fine healthy child, was brought to me from Flushing, Nov. 21, 1873, by previous arrangement, to be operated on for a subcutaneous venous nævus situated over the right eyebrow. Compression, collodion, and argent. nit. had been used by different physicians without result, as the disease continued to grow to its present size of about half an inch long by one-quarter wide. As in the preceding case, I singed the nævus thoroughly with the platinum needle at a red heat, a wet compress was applied, and the child taken home to Flushing the same afternoon. Five days after, I saw it at my office, and found a firm black scab covering the seat of the nævus. In a few days this scab fell off, leaving a healthy pink cuticle beneath, but at the lower angle a small dark spot showed that a portion of the nævus had escaped destruction. This was destroyed, in like manner, on Dec. 21st, one month after first operation. The result in this case has been perfectly satisfactory, for when seen on Feb. 24th last, the seat of the nævus could only be recognized by a small mark scarcely noticeable, and which the parents have recently informed me is getting fainter each week. In this case I was assisted by my friends, Drs. Rankin, Porter, and Hanks.

CASE III. Sarah Hawley, fourteen months old, was brought to me Feb. 21, 1874, at the Dispensary for Sick Children, with a subcutaneous venous nævus in lower portion of the upper right eyelid, and considerably disfiguring the child. The history was one of rapid growth to its present size of a large pea.

The mother stated that she had taken the child to the Eye Infirmary in this city, but that she was advised to have nothing done. On close examination I resolved to operate on the tumor, as from its very rapid growth it was evident that the whole lid would before long be involved, and its function being thus impaired, the eye itself would suffer. From the location and deep character of this nævus I could judge of no safe means of removing it excepting the galvanic cautery. Certainly it would have exposed the eye itself to injury to have attempted its removal by the potential caustics, vaccination, or coagulating injections, for the reason that the effects of these methods would extend beyond the actual site of the nævus, as their action is not wholly under control; the opposite is the case in using the galvanic cautery needle, with which it is possible to destroy slowly and cautiously, and only to the extent deemed safe in view of the consecutive inflammation.

On Feb. 24th, assisted by three of my students, I operated on the case, entering the nævus with the red-hot platinum needle at the lower border of the nævus, which was held by forceps, and thus destroying it subcutaneously by working the point of the needle cautiously to the right and left, avoiding going too deeply. The whole operation was completed within three minutes, and the child on recovering from the chloroform was removed to its home, a wet compress being previously applied.

I saw the child again on the 27th, when a firm scab covered the site of the nævus; there was also some congestion of the conjunctivæ, but nothing very marked, and but little swelling of the lid. On the 30th I saw the case again and found the scab removed and a slight cicatrix remaining. The eye in all other respects looked healthy. When last seen, April 2d, nothing excepting a small scar showed where the nævus had been; there was no contraction of the lid, and the mother expressed herself highly pleased at the result. Certainly no better result could have been obtained by other methods of treatment.

These three cases may be considered as fully illustrating the superiority of the galvanic cautery over other means for destroying nævi, and I feel confident that it will before long be universally considered the safest and most reliable means in the majority of cases for removing this so often disfiguring and sometimes dangerous congenital disease.

The Hospitals.

Cook County Hospital. Surgical Clinic. May 26. Service of Dr. BOGUE. Reported for CHICAGO MEDICAL JOURNAL by RALPH E. STARKWEATHER, M.D.

Osteo-Aneurism of the Right Ilium.

W. B., a laborer, 22 years of age, while running backwards, in August last, fell heavily, striking on his back and right buttock. In December, a lump appeared in the gluteal region, and became painful—this gradually increased in size; the pain extended down the right thigh. The tumor is ovoid, the size of a very large egg, its centre is over the sacro iliac symphysis, the size increased two inches in the past four days. It pulsates, but no bruit can be perceived. Upon explorative puncture, the patient lying prone, the needle was inserted three and one-half inches upwards and forwards at the border of the tumor; blood came per saltum—synchronous with the pulse, but did not so continue at all depths.

At another time, upon a different site and angle of puncture, a cavity was discovered. At first, the blood was dark venous; deeper down, came the cavity from which blood flowed per saltum; deeper still, a bony base was felt, and there was no flowing of the blood. Pressure on the abdominal aorta lessened the tension of the tumor, and stopped its pulsations, but did not alter the uneven feeling of the tumor. A fluid drachm of liq. ferri persulphatis was injected, causing the pulsations to cease; and morphine was ordered as required.

Subsequently, on May 30, Dr. Bógue, by an incision of over four inches, laid open the tumor and turned out its contents—a mass of small anastomosing vessels and erectile tissue, resting upon the eroded inner plate of the ilium. The bone had degenerated; a roughened collar of bone could be felt, circumscribing the base of the tumor, encroaching on the edge of the sacrum. The glavano-cautery was applied to two large vessels and the lips of the wound; the cavity, which would admit the whole hand, was packed with lint and the dried sulphate of iron.

Dr. Bogue remarked, that it was rare that a contused wound is followed by an aneurism. Sometimes an incised wound does

produce accidentally an aneurism. It is probable that this aneurismal tumor is of malignant character.

CLINIC, by Dr. LYMAN. June 16.

A case of chronic sub-acute meningitis, due to a fall received three months ago, by which the head was injured. Complains of pain over occiput and the temples; pupils dilated; pulse sixty, and weak. The right hand raises the dynamometer 102°; the left to 110°. Ordered counter-irritation; opium as anodyne; potassium bromide as alterative.

A case of pneumo hydro thorax, in which the dullness extended on the right side, posteriorly, as high as the third intercostal space. By means of the aspirator, ninety ounces of a clear, lemon-colored fluid was drawn off, the puncture being made at the seventh intercostal space. The patient should sit up during this operation, and be warned that there may, for various reasons, be danger of collapse of the lung and chest wall. It is well to strap the side of the chest.

A case of sciatica, in a man forty years of age, due to overwork, mal-nutrition and exhaustion. Generally this affection is of rheumatic origin, or may be due to exostosis, to syphilis, or to cancerous growths. Ordered first a laxative, then cod-liver oil, tinct. ferri muriatis, and a grain of quinine three times a day; also anodynes. Dr. Lyman remarked that the profession was becoming more cautious in the use of morphine by hypodermic injection. Chloroform, once in four or five thousand administrations, would cause a death. Hence in this case he used the endermic method, and showed the class that it would act promptly, and produce none of the discomforts which opium may occasion. Taking a thimble he filled it with lint and soaked it with strong liquor ammonia. Removing the cuticle, he applied the one-third of a grain of morphia sulphate, covered it with a pledget of lint, then a piece of oiled silk, fixing it with strips of adhesive plaster. Cantharidis should not be used as a vesicant for this purpose.

SURGICAL CLINIC, by Dr. BOGUE. June 16.

A boy, ten years of age, while trying to jump on to a train of cars

in motion, fell, and sustained a compound and badly comminuted fracture of the foot and lower third of right leg. Amputation under ether was done at the point of election below the knee. Anterior and posterior flaps were made. The hæmorrhage was slight, Esmarch's method being used.

An excision at the right ankle joint was made in the case of a laborer who had fallen down into a cellar, producing a fracture of the fibula, its lower two inches; also of the lower and outer end of the tibia obliquely downward, forward and inward; also a comminuted fracture of the astragalus, together with laceration of the ligaments of the joint. The rubber tubing was adjusted to the limb, and retained for over seventy minutes. The patient being fully under the influence of ether, the first incision was made along the posterior border of the fibula, behind the external malleolus to the fifth metatarsal bone. A similar incision was made on the inner aspect of the limb; portions of the fibula and tibia were removed, and the whole of the astragalus; the articular cartilage of the os calcis was removed. After ligaturing four vessels, an obstinate capillary oozing was checked by the dried powdered persulphate of iron. The limb, joint and foot were encased in a plaster of Paris dressing.

MEDICAL CLINIC, by Dr. H. M. LYMAN. June 19.

A young colored woman was under treatment for phthisis pulmonalis, complicated with Bright's disease of the kidney.

Unilateral Rheumatism, followed by Chorea of the opposite side.

The patient, a girl of fifteen, had suffered from rheumatism, the joints and limbs of the left side being the seat of pain and swelling, for more than one month. At present she lies in bed unable to walk, with twitchings of the right leg—no power in the hand or ankle of same side. Mental condition very much weakened; the choraic movements very strong and marked on the right half of the body.

An English writer, Dr. Hughlings Jackson, speaking of chorea as a disease, the sequence of rheumatism, advances the theory that the valves of the heart become covered by vegetations, the result of inflammatory rheumatism; some of these are detached, and

being carried by the current of blood, lodge in the corpus striatum of the brain, and hence chorea results; the shortest distance between the heart and brain would be upon the left side, and hence the lesion would be shown upon the right side of the body, as is the case in this choraic girl. The prognosis is usually not fatal, unless there is loss of sleep. Treatment may be, quinine, strychnia (gr. $\frac{1}{60}$), arsenic, cod-liver oil. Chloral will check the restlessness.

SURGICAL CLINIC, by Dr. BOGUE. June 23.

A case of synovitis of the right knee in a little girl six years of age, is treated, in its present stage, by straps of adhesive plaster and bandaging.

Congenital malformation of the right external ear, in a boy eight months of age. The auricle was no more than one-third the size of that of the opposite ear, and the concavity was directed backwards, the convexity of the entire rim of the helix pointed forward towards the face; the middle and internal ears were thought to be normal. No treatment was, for the present, advised.

Dr. Bogue laid open several fistulous tracts in a stump formed after an amputation of the left thigh at the hip joint. The operation on this man was done one year ago, and was the second that had been done in this hospital, each with successful results.

SURGICAL CLINIC, by Dr. BOGUE. June 30. *Syphilitic Pemphigus and Lupus —Two Cases Simple Fracture of the Clavicle— Dislocation of the Right Shoulder—Fracture of the Leg.*

The patient with syphilis said he had contracted a chancre fifteen months ago, and been very improperly treated, to which fact he attributes his present truly unfortunate and deplorable condition. His entire forehead is a mass of pustulation and crusts of pemphigus. The crusts are a red-brown color, roughened and furrowed, and much larger in size than those of rupia. There are similar patches upon each malar prominence. A line of these crusts extends from the forehead down upon, and on either side of, the ridge of the nose. The larger part of the outer wall of the nose has been destroyed, and the floor of the nose is left exposed. All portions of his body are covered with scars from

various syphilitic eruptions. The patient has a bad cough, and is in a very depressed, anemic, emaciated condition. Dr. Bogue ordered tr. cinchona comp. and the syrup iodide of iron, and said that in this case, for the present, the treatment would be such as would improve the general condition, and, later, a treatment for syphilis, the mild use of hydrargyrum, not long continued, and in small quantity. Then some form of iodine.

A blacksmith, twenty-four years of age, had his left clavicle broken at its outer third by a blow. This fracture was treated by keeping the man in bed, and so placing a pillow under the right shoulder that the weight and position of the joint and extremity on the injured side would keep the points of fracture in line and apposition. Several other methods were spoken of, such as using a sling, or adhesive plaster, or Fox's apparatus. In the case of a lady patient, where more attention to a possible deformity must be paid, Dr. Bogue would use Taylor's splint for posterior deformity of the spine.

Dislocation of the Right Shoulder.

The patient had fallen out of a wagon, the week previous, and had been treated for simple contusion and sprain. The dislocation was downwards, and was reduced, under ether, by pulling the arm outwards and upwards. Afterwards the forearm was brought across the chest, and retained by a bandage.

Fracture of the Left Leg.

A young man of twenty-two years of age, had broken his leg in two places, the tibia four inches from the internal malleolus, and the fibula two inches below its head. There was no displacement. The plaster of Paris dressing was applied thirty-six hours after the injury was received.

The Alexian Hospital. Service of Dr. A. J. BAXTER. July 1.

At present, there are under the care of the Alexian Brotherhood, forty patients, though the hospital has a capacity for one hundred and fifty patients. There is a noticeable absence in the wards of the crowd of hospital tramps and "revolvers," candidates for the almshouse and lunatic asylums, old pensioners and chronic ulcer impostors.

Lithotomy—Compound Fracture—Strumous Disease of the Knee, and Amputation—Conical Stump—Esmarch's Bloodless Method.

Dr. Baxter removed a vesical calculus, weighing one and one-half ounces, from a boy of thirteen, by lateral lithotomy; the calculus was attached to a very unusual place, being almost encysted behind the symphysis pubis.

A case of compound and comminuted fracture of the leg was progressing finely. A blanket, being so folded as to form a case and splint for the limb, strengthened by thin wooden splints placed in the folds on either side, and cold water dressings, were the only treatment. A plaster of Paris splint will soon be applied.

There were two cases of amputation—one of the thigh, the other of the leg; both cases were admitted after the operation had been done. The latter case was instructive only in so far as it demonstrated the necessity for a second amputation, because of the immense and unwieldy flaps and useless stump; the necrosed ends of the bones had broken through the integument.

Strumous Disease of the Knee—Amputation—Conical Stump.

J. K., a boy ten years of age, of decidedly scrofulous diathesis, had been troubled with swelling of the knee during several years. The joint discharged through numerous long narrow tracts, above and below the patella, an ill-conditioned, watery, purulent fluid. The limb and the patient were much emaciated, and there were many scars of old fistulous tracts around the joint. Amputation, under ether, was done by the circular method, just above the condyles of the femur, Esmarch's bandage being used.

The stump is a conical one, the granulating end of the bone can be felt at its apex; the skin is retracted unevenly, and about one-fourth of the stump is a raw and granulating surface. This result was unexpected, and was due not to the operative procedures, but to the peculiar condition of the skin as impaired by the cicatricial tissue about the joint. Dr. Baxter remarks, that in a similar case he would allow more flap and amputate higher up on the limb, as the tissues show a tendency to retract and contract like the cicatrical tissue sequent upon burns.

Esmarch's Bloodless Method.

Dr. Baxter does not look upon this method with entire approval. In two cases of amputation of the lower extremity, in which this bandage was used, there was phlebitis, attended by the usual symptoms, and several abscesses in the limb. He is aware that such trouble might have occurred without the use of the bandage, but does not regard these attacks as coincidences, but as due to the method used. He has also had a patient suffer from numbness and pain in the limb, with partial disability, after using the bandage, which had been applied just below the elbow. Another objection to this method is, that pulmonary congestion is caused by expelling so much of the blood from a limb, the size of the leg and thigh, for example. There is a great deal of blood in this extremity, perhaps one-fifth of that in the entire circulation. Where does this blood go, when squeezed out by the rubber bandage? May it not be unsafe to use it in patients with weak pulmonary or cerebral vessels, and cause a congestion, which, in addition to that commonly attendant upon the use of anæsthetics, might be disastrous.

Finally, of this method of Esmarch, Dr. Baxter thinks that no rubber tubing is necessary, as the rubber bandage can so be adjusted as to answer every purpose.

Excisions of Joints.

The practice at this hospital is to limit this operation solely to the elbow and shoulder. A successful case of compound comminuted fracture was cited, where all of the right humerus had been removed, except its distal two inches. The man can now write, lift weights, and bring the forearm upon the chest, at right angles to the body.

Rush Medical College. June 6, 1874. Clinic for Nervous Diseases, by Dr. WALTER HAY. *Multiple Cerebro-Spinal Sclerosis.*

The patient, a man of about thirty-five years of age, exhibits no aberration of sensibility, but there is a slight loss of motor power; hears on the left side only; has strabismus and impairment of sight. There are sharp, darting, hot pains along the spine, extending down the left leg; the muscles are soft and poorly nourished; action of bladder and bowels sluggish. The

temperature of the left side of the body is lowered, due to irritation of the vaso-motor nerves.

In this patient there is a sclerosis—a hyperplasia of connective tissue of the spinal cord, and relative atrophy of the motor fibres; nutrition impaired, but no atrophy of nerve cells. The optic nerve, at its root, is also in this case diseased. It is a sclerosis of the disseminated form, for there are three forms, the diffuse, the cortical, and the disseminated. In sclerosis the lesion is one of motility; and in walking, the toe first touches the ground; while in progressive locomotor ataxy, the lesion is one of sensibility; in walking, the heel first touches the ground. The conductors of motor impulses pass from the brain, along the cord, on the same side as the muscles to which the nerve filaments are distributed. The pathological condition is identical in sclerosis and ataxy, but in one, the lesion is of the anterior column of the cord; in ataxy, the lesion is of the posterior column. The treatment in this case has been the inverse galvanic current to the spine, and faradization of the muscles of the left lower extremity.

St. Joseph's Hospital.

The somewhat remote location of this admirable institution prevents its receiving that attention and patronage at the hands of the people and profession which its excellent management and arrangements and attractive surroundings merit. Under the care of Sister Walberga and five sisters, the hospital has no superior in regard to its large, airy, well lighted, ventilated and heated wards, and well furnished private rooms. Its wide corridors and piazzas, and the extensive exposure to sunlight, promote greatly the cheerfulness and speedy convalescence of patients.

A recent case of considerable interest, was that of a man who fell into a vat of boiling soap. Every part of the man, particularly the right side of the body, was scalded, so much so that considerable of the soft parts of the right side sloughed off. The man was reduced to the utmost emaciation. A diarrhœa proved well nigh fatal; it was checked, after repeated trials of the usual medicines, by drachm doses of tr. catechu, to which fifteen minims of laudanum were added. Lint soaked in a liniment of olive oil, to a pint of which a drachm of carbolic acid was added, was the only treatment externally.

Reports of Societies.

Chicago Medical Society. *Transactions of the Meeting of June* 15, 1874. Reported by WILL T. MONTGOMERY, M.D.

The Society met in regular session in the parlor of the Gault House, President, Dr. Quine, in the chair. Special order for meeting—Report of Section on Materia Medica.

Dr. Millard read a paper on "Ergot as a Therapeutic Agent." In the discussion which followed, Dr. N. S. Davis said the subject is an important one and may be studied with benefit. It is but a few years since ergot was entirely limited to parturient cases, but it is now known to have a specific action upon the ganglionic nerve centres. Whether it has a specific action upon the vascular system except through the nervous centres he is not now prepared to say. He began to use ergot in hemorrhagic cases as many as fifteen years ago. He used it in combination with iron in those cases, with very satisfactory results. Related a case in which he continued its use for a number of months with decided benefit. Some eminent physicians have recommended the use of ergot in cerebro-spinal congestions. He thinks it is more particularly useful in the aplastic cases. It increases the contractility of the vessels of the brain and cord, and thus lessens the congestion. He had not found it to be useful in sthenic cases.

Dr. E. F. Ingals said he had recently had occasion to look up the literature on the subject of ergot and had come to the conclusion that it does not always have a specific action upon the uterus in parturient cases.

Vice-President Paoli said that forty years ago ergot was known in the drug stores of Europe as a remedy for producing abortions, but pregnant women had repeatedly eaten of the bread made of it without experiencing the specific effect. He does not believe much in its specific action, and does not think much of it as a remedy for anything.

Dr. Pierson had not used it much, and does not think much of it.

Dr. Stilliaus had not had much experience with it in labor cases.

He used it in a case of retained placenta, and produced hour-glass contraction. Had used it in combination with iron in uterine hemorrhage with good results.

Dr. Thompson thinks ergot always acts specifically when a good quality is used. Dr. Walton is of the same opinion.

Dr. Gapin was glad to learn that so many are abandoning the use of ergot, and wants to see a more vigorous stand taken against its use in labor. His idea of its action upon nonstriated muscular fibre was not in accordance with his idea of natural labor-pains. The one was continuous, the other intermittent.

The Secretary, Dr. Hutchinson, declared himself a friend of ergot even if it is abused. From his own observations he has no doubt that it produces uterine contractions. He had used it in connection with other remedies in hemorrhages and cerebro-spinal troubles, when it seemed to do good. He is careful in giving it in labor, but thinks, if properly administered, it is a safe and useful remedy, and should continue to use it.

Dr. Etheridge being present, Dr. Earle wished to hear from him upon the action of ergotine. Dr. Etheridge said that ergotine is being extensively used hypodermically in the treatment of uterine fibroids, and with good results. A number of cases have been reported as cured. It acts through the vaso-motor nerve centres, shutting off the supply of blood to the tumor. He thinks the action of ergot has been clearly demonstrated by the experiments for the cure of epilepsy. He referred to quinine as an oxytocic, and related a case in which it seemed to have this effect. A lady, seven months pregnant, was having chills and he prescribed quinine in gr. iv doses, and when he called next day, found she had miscarried. There was no sign of it before the medicine was given.

Dr. Earle referred to a paper on ergotine in the treatment of uterine fibroids, by Dr. Parvin, published in the *American Practitioner*. The hypodermic injection should be used once a day, and was first made in the region of the uterus, but it is found to act quite as well given in any other part of the body.

Dr. C. M. Fitch has discontinued the use of ergot in cases of labor, but has used it with apparent benefit in hæmoptysis. He has had no post-partum hemorrhage for a long time, and thinks it is because he has used stimulants and paid close attention

to keeping the extremities of his patients warm in parturient cases.

The President, Dr. Quine, asked a question as to the distribution of nerves to the uterus and their physiological action.

Dr. Thompson said she could not answer directly, but had observed cases of labor in which the neck of the womb was flaccid, while at the same time there was firm contraction of the body of the organ.

The President further inquired if any one had had any experience with ergot in cases of threatened abortions.

Dr. Fitch had used it in one case, and the abortion was prevented and the case went on to full term.

Dr. Montgomery said he was called to a case of threatened abortion at the end of the third month, and on making an examination found the membranes protruding from the os, and decided that the case was too far gone to arrest. As there was considerable hemorrhage, gave ergot to hasten the expulsion of the fœtus, but it was not expelled while the patient was under observation, about a week, though the hemorrhage ceased and the patient made a rapid recovery. The case was lost sight of, so that he did not know whether she went on to term or not.

Dr. Hutchinson said it was another example of how patients would sometimes recover in spite of the doctor and his medicines.

Dr. Quine had given ergot in one case, but it did not arrest it. He has no doubt of the specific action of the drug, and thinks it is as reliable in its action as neurotic remedy is in its action. The dose modifies its action; small doses producing natural contractions, large doses continuous. When given in moderate doses it produces increased vascular tension. In large doses it first increases vascular tension, but continued relaxes it. He had produced dilatation of the os by large doses, but contraction by small doses.

After some explanations the discussion closed, and after miscellaneous business was disposed of, the Society adjourned.

Meeting of July 6, 1874.

Society met as usual in the parlor of the Gault House, President, Dr. Quine, in the chair.

Order of meeting, reports of cases, and presentation of pathological specimens.

The Secretary being absent, Dr. Graham was elected *pro tem.*

Dr. Strong related the following case, and asked for information as to diagnosis and treatment. The patient, a young lady, 19 years old, always had good health until about one year ago, when she began to feel a stiffness in the calves of her legs. She was attending school at that time, and had to walk considerably, and at first thought the trouble arose from this, but her knees soon began to get stiff, and her legs to draw up, so that in a short time she was unable to walk. Dr. Strong first saw her about four months ago. He found the patient large and fleshy, but her flesh was extremely soft and flabby. Her legs were firmly flexed upon the thighs, but there was no bony anchylosis of the knees, and by persistent effort he was able to extend the legs to an angle of about 45°. He was not able to find the tendons of the hamstring muscles, but found a firm cord in the centre of the popliteal space, which appeared to be the tendons united. There was considerable œdema of the feet and legs, but he thought it was due to the dependent position. Sensibility perfect. The patient has not had any pain, and he was not able to detect any tenderness along the spine. She eats and sleeps well, and says she feels well every other way. Began to menstruate at 16, and was regular until two months before he saw her, since which time she has not had her turns. The Dr. ordered tonic medicines, stimulating liniment, and passive motion, but had found no improvement.

Dr. Mary Thompson suggested pelvic cellulitis as the probable cause of the trouble.

The President thought it more probably depended upon some lesion of the lower portion of the spinal cord.

Dr. Strong thought if the trouble had come from cellulitis the patient would have had pain.

The President referred to a case of cellulitis in which there was very little pain.

Dr. Stilliaus reported the case of a young lady 21 years old, who had been sick since she first began to menstruate seven years ago. She had been under treatment most of this time, but he did not see her until ten weeks ago. He found her apparently well nourished, but complaining of pain and stiffness of one knee, and general hyperæsthesia of the integumentary surface

She was vomiting a good deal; was only able to retain pie and milk. He prescribed anti-emetics, and put extension upon the limb, but not finding any improvement from this treatment, three weeks ago began the use of tonics and electricity. The vomiting has ceased, and the patient is able to walk, but has had a hacking cough for the last four days, and still says she don't eat any. The Dr. said he did not know what her trouble was unless it was hysterical.

Vice-President Paoli thought the case hysterical, and said he had found the tinct. asafœtida and tinct. valerian to act well in such cases.

Dr. E. F. Ingals reported a case of epileptiform neuralgia, with tonic, muscular spasms. He was called about midnight, June 24, to see the patient, Miss B—, about 20 years of age. The messenger informed him she had been suffering from severe cramps of the arms, legs and stomach for three or four hours. He found the patient in bed, apparently suffering but little, and was told she had improved much within an hour. Upon inquiry he learned that she had been suffering from occipital neuralgia of a not very severe type, for several days, the pain commencing late in the afternoon, and continuing three or four hours. The patient stated that during the previous afternoon the pain came on more severe than usual, and was shortly followed by chilly sensations of the feet and legs. These were soon succeeded by cramps of the same parts, then of the hands, and finally of the stomach. Upon examination found the skin cool and moist, pulse slightly accelerated, pupils normal, tongue slightly coated. No vomiting or purging, but bowels open. Some pain, especially in abdomen. The pains had been paroxysmal. Prescribed morph. sulph., gr. $\frac{1}{4}$ and chloral hydrat, gr. x, to be repeated once in three hours if the convulsions returned. The next day he found her suffering only from moderate headache and soreness of the muscles which had been convulsed. The spasms did not return during the night, but the patient slept little. About a year ago he treated the same patient for obstinate intermittent neuralgia. She lived at the time in a damp basement, with poor sewerage, from which she was finally induced to remove, though not until the neuralgia had yielded to treatment. At that time

quinine and iron utterly failed to give relief, but the patient promptly recovered upon the use of granules of strychniæ sulph., gr. $\frac{1}{16}$ each, given three or four times daily. Subsequently she enjoyed good health until her present illness. Careful inquiry revealed the fact that the old attack had been preceded by tonic convulsions similar to those of the present sickness. Remembering the former treatment, he at this second visit, notwithstanding the convulsions, prescribed strychnia sulph. in granules of gr. $\frac{1}{16}$ each, to be taken four times daily. That evening, about five o'clock, convulsions of the extremities and maxillary muscles again occurred, and lasted about three hours. He called at five P. M., the following day, and found the patient lying on the lounge, feeling very well—no headache, no pain, and a little appetite. He congratulated himself that convalescence had been established, but about nine o'clock of the same evening, a messenger informed him that spasms had again set in about half an hour after his visit, and were still very severe. He found the patient still in the convulsion so far as the hands were concerned, but spasm of other parts had given way. The fingers were firmly flexed by tonic muscular contraction. Inspecting the medicine, he found the druggist had made pills instead of furnishing the granules ordered. Discontinued the strychnia, and ordered morph. and chloral, as before. The following afternoon (27th inst.) ordered zinci valerianas, gr. ss. at a dose, made into pill, with confec. rosae, to be given three times daily. Convulsions, milder than before, occurred that evening. Two days later, he found the patient comfortable, and that she had escaped pains and cramps the previous evening. What was the cause of this sudden cessation of neuralgic pains, and the accompanying convulsions? The valerianate of zinc will be the answer, he thought, of nine out of ten physicians; but not so, for he found that the patient had not taken the medicine, owing to a misunderstanding on her part, about the nature of the pills. The medicine was begun, but not early enough to gain any credit in the case. Two days later, he found her still improving. She had suffered no more cramp, and now wanted to go to the country on a visit of several days. He ordered the medicine continued for a day or two, in doses of gr. j, to be followed by a ferruginous tonic.

The Dr. remarked that the case seemed interesting, in the first place, on account of the convulsions attending an otherwise simple case of intermittent neuralgia. The first question occurring to us is, what caused the convulsions? Doubtless the same cause operating upon the cerebro-spinal axis produced convulsions, which had formerly caused occipital and abdominal neuralgia; but the exact nature of this cause he was unable to state. The patient was neither of a rheumatic or gouty diathesis. She had not been exposed to lead poisoning, and could not be properly called anemic. The pains were distinctly intermittent, and so we might suspect malaria, but when we remember that many nervous affections not dependent upon malaria exhibit an intermittent character, we are still left in doubt. He said it seemed to him as unphilosophical to call every intermittent affection malarious as to commit the common blunder of calling every disease rheumatism, or syphilis, from which the patient recovers while taking iodide of potassium.

Secondly, he wished to call attention to the use of strychnia sulph. in doses of gr. $\frac{1}{16}$. Whether in this instance the druggist was accurate in his preparation, is a matter of doubt. He believes ordinary drug clerks are hardly competent to dispense such active medicines in pills or powders. Therefore when granules prepared by experienced pharmaceutists cannot be obtained, strychnia should be given in solution, notwithstanding its intense bitterness. With regard to the dose, standard authors vary from $\frac{1}{32}$ to $\frac{1}{8}$ of a grain, but they are not always safe to follow. He believed gr. $\frac{1}{16}$ to be too large a dose to begin with, and should not have given it in this case had he not known the patient's previous history, even though he had himself taken gr. $\frac{1}{10}$ three times daily without feeling it. He had in mind a patient suffering from hemiplegia, who for several weeks took about gr. $\frac{1}{20}$ three times a day, but finally had severe convulsions, which immediately subsided when the medicine was suspended. His preceptor once saw a lady who evidently died from the effects of strychnia administered in gr. $\frac{1}{20}$ doses three or four times daily for several days. He believes this remedy possesses a cumulative action. That is, while a given dose may be taken for a considerable time without ill effects, exactly the same dose—and by this he did not mean the same dose from the bottom of a bottle containing a solution of strychnia, which might be

much stronger than that taken from the top, but the same dose of the medicine itself—may suddenly give rise to its toxical effects.

His experience with the valerianate of zinc in this case was purely homœopathic, but to him another caution against jumping at conclusions with regard to the action of medicines. If the patient had taken the medicine before the convulsions ceased, the one out of ten who presumed to doubt its effects would at least have been thought presumptuous.

Dr. C. M. Fitch thought a patient who had once taken an overdose of strychnia remained more susceptible to it for a long time. He gave a patient who had once had an overdose, gr. $\frac{1}{60}$ three times a day, and, after a few doses, got the poisonous effect.—President had not been a believer in the cumulative action of medicines, and thought the trouble, in most cases, was brought about by giving the medicines faster than they are eliminated, and thought this was true of strychnia. He agreed with Dr. Fitch in reference to increased susceptibility.—Dr. Pierson gave strychnia to a patient, who became scared, and presented symptoms of poisoning, but when he gave it in the same dose, disguised, it had no bad effect. —Dr. Strong once gave a patient with Bright's disease two doses of strychnia, gr. $\frac{1}{32}$ each, and the last dose was soon followed by convulsions simulating those produced by it, and the patient died next day. Was not sure whether the convulsions came from the medicine or uremia.—Dr. Taggart had often prescribed strychnia in gr. $\frac{1}{16}$ doses, but had not seen any bad effect from it.—Dr. Earle had recently seen a patient, a hard drinker, who, with suicidal intent, took 400 grs. of chloral hydrat at once, without the desired effect. The following night he took what was purchased for gr. x of morph. sulph., but made another failure. The patient had not been addicted to the use of opium, but as the chloral did not kill him, the Dr. thought he had possibly taken gr. x of morph. too.—Dr. Knox once prescribed 480 grs. of chloral in solution for a case of delirium tremens, and the patient took it all in one night, without any apparent effect. He thought the alcohol antagonized its action.

Dr. Earle reported a case of post-pharyngeal abscess, a sequela of scarlet fever. As this case will soon be published in full, we omit an abstract of it here.

Dr. Fitch presented a specimen of polypoid tumor of the uterus which he had removed from the patient of another physician by means of the galvano cautery. The tumor began to appear about one year ago, and the patient had since suffered from excessive hemorrhage, at times almost fatal. The tumor was attached high up in the canal of the cervix by means of a short, thick pedicle, and, at the time of its removal, was nearly as large as a goose's egg, and of a dark red color. The loop of wire was passed around the pedicle of the tumor, and heated by means of nine large-sized Bunsen cells. The incision was as smooth as if it had been made

with a knife. No hemorrhage followed, and the patient went on to a rapid recovery.

After some discussion as to the nature of the tumor, the Society adjourned.

Chicago Society of Physicians and Surgeons. *Transactions at Regular Meeting, June* 8, 1874. Reported by RALPH E. STARKWEATHER, M.D.

The Society met as usual in the parlor of the Grand Pacific Hotel, the President, Dr. John Bartlett, in the chair.

The following were elected to membership: Doctors M. O. Heydock, H. M. Bannister, H. W. Jones, and D. K. Steele.

The names of Doctors H. A. Johnson and H. K. Newton were proposed and referred.

Dr. Hyde read a paper, "Notes on the Microscopical Appearances of the Brains of the Insane," prepared by Dr. Walter Kempster, of the Northern Asylum for the Insane, at Oshkosh, Wisconsin, formerly of the New York State Lunatic Asylum, Utica. He had made microscopical examinations in forty-nine cases. Numerous slides were exhibited of sections, made mostly through the third left anterior convolution, illustrating the lesions of acute mania, the large sclerous patches in chronic mania, and the dementia of syphilitic paralysis. Numerous micro-photographs were likewise shown, illustrating the lesions of cerebro-spinal meningitis; of numerous colloid masses in the medulal oblongata, and large degenerated masses with dense fibrous investing membrane in the spinal cord, opposite second cervical vertebra, each illustrative of acute mania. The student is met with the stereotyped phrase that there are no lesions discoverable peculiar to insanity. For a number of years Dr. Kempster has been making systematic microscopical study of the brain, examining the lesions of all forms of insanity, from acute mania to dementia, including puerperal and epileptic insanity. In each and every form he has found a marked lesion, so that certain lesions may be grouped together as common to certain forms of insanity, to which lesions any particular type of insanity may be palpably due. Six different forms of degenerations and lesions were elaborately described.

A recess was then taken, during which the Society examined the specimens and micro-photographs.

On motion, a vote of thanks to Dr. Kempster was passed, and he was elected an honorary member of the Society.

The amendment to the constitution offered at the last meeting by Dr. Jackson, was taken up and adopted.

Transactions at Regular Meeting, June 22, 1874.

The Society met at the Grand Pacific Hotel, the President, Dr. John Bartlett, in the Chair.

The members were desired by the President to accept the intimation that the meetings would be called to order, promptly, at eight o'clock. Owing to the absence of Dr. Hyde, Dr. Wood was elected Secretary *pro tem.*

Dr. H. A. Johnson received an unaminous election to the membership of the Society.

The following By-Law was, upon motion of Dr. Hay, adopted:

The privilege of nominating new members to the Society is restricted to the nominating, by each member, of one name, each year.

Dr. Trimble read a paper on Eucalyptus, the substance of his remarks, as he says, being chiefly collected from various articles written upon the subject within the last year or two, in periodical journals; the doctor stating that he had no practical knowledge of the effects of this medicine.

Dr. Wood.—It seems important to remark that when eucalyptus is used in intermittent fever, if it is to prove useful at all, one dose generally accomplishes the desired effect; the fever does not return.

Dr. P. S. Hayes.—The tincture is made stronger in alcohol than the ordinary tinctures; hence, when used with other tinctures it precipitates; it disguises the taste of quinine.

Dr. P. S. Hayes reported a case of multilocular sero-cystic ovarian tumor. Operation, electro-puncture. Recovery. No abstract of this case is made, as it will soon be published in one of the medical journals.

Dr. Etheridge presented a report of a case of corroding ulcer of the uterus. This is a comparatively rare form of ulcer, and its diagnosis in this case is confirmed by the opinions of Drs. De Laskie Miller, Byford, and T. G. Thomas, of New York.

Patient first came under notice July, 1871, and was fifty-nine years of age. She passed the turn of life quite suddenly, in 1860. During the first twelve years after marriage she suffered from menorrhagia, at times so profusely as to prove nearly fatal. This almost wholly disappeared upon bearing children, of whom she had six. In many years of the period of child-bearing, she had *stomatitis materna* severely.

After having had at wide intervals, three hemorrhages, Dr. Etheridge was called to attend the case. No examination being allowed, he ordered a vaginal injection of tannic acid—forty grains to the fluid ounce—to be used as often as necessary. Relief was afforded for four months, but the shock of the great fire in this city renewed the bleeding; the discharges, however, were not offensive. The only pain was a back-ache, a hot, burning pain—not lancinating.

Upon examination per vaginam, the cervix uteri was found half eaten off, the edges of the ulcer being ragged—projecting unevenly; its surface bled upon the slightest touch. Beneath the site of the os, there was an indurated nodular ring, around the vagina, through which the speculum always slipped with a sort of snap or jerk. Uterus movable; pelvic glands and viscera normal. A solution of the pernitrate of iron temporarily checked the hæmorrhagia, and afforded the longest interval of freedom from hemorrhage. Other styptics were used—carbolic acid and tannin, and chromic acid; injections of the latter produced pain, often vomiting, but checked the bleeding. Fifteen grains of the chromic acid, in a tea-cup of warm water, seemed to be the minimum strength that was efficacious in this case. There were, at length, three months of freedom from hemorrhage. Gradually, there came on vesical trouble, and a distressing feeling in the stomach, followed by bleeding. The tissues contiguous to the ulcer now became infiltrated and indurated, probably lessening hemorrhage; the vagina was well nigh filled with these growths; there was the usual cancerous cachexia. Morphine was used to allay pain, the latter weeks of life. No necropsy allowed. Remedies for constitutional treatment were used, such as arsenious acid, red clover, iodine, cundurango. Prof. Schiff's treatment of uterine cancer was tried—pancreatine solution, with the view of dissolving the cell of the ulcer, with no satisfactory result attributable to pancreatine.

Very particular attention was called to a point in the history above given, not alluded to in books or lectures—*the nursing sore mouth of the mother* during lactation, who, *later in life, suffered also from malignant disease.*

The cases of two other women were cited, who died after the menapause from malignant disease, having in former years suffered from nursing sore mouth. *Is there any connection or dependence between these two conditions?* If there be, what course ought the physician to pursue, with the view of preventing the development of malignancy in later years of life?

Dr. Wood stated that he knew of a family of three sisters, all of whom have had stomatitis. Two of them, in later life, died of internal cancer; the third is now sick with the same disease.

Dr. Hay suggested that a table of statistics could be written, with the inquiry made by Dr. Etheridge kept in view; and it would be important if such a relation between stomatitis materna and forms of malignant disease could be established.

Dr. Etheridge had spoken to many of the older physicians who had given many instances similar to that of his case. The point is, whether this relationship can be established in all or sufficiently numerous cases.

Dr. Trimble reported a case of epilepsy in a boy of four years of age, probably due to injuries received twenty months previously, by a railroad accident. Of late, the seizures had increased in

frequency, severity and mental disturbance. To eliminate the idea of worms being an exciting cause, appropriate treatment was adopted, and a few expelled. The potassium bromide was given in four grain doses, three times a day; but there were still as many as twenty convulsive attacks daily. Belledonna was given with the bromide. The cerebral condition soon became such, that despite the usual practice and opinion I felt obliged to bleed, and placed four large leeches on the temples, drawing at least six fluid ounces of blood. The dose of the bromide was increased to eight grains; iron and bark were also given. The patient had no more seizures after the third week from the date of bleeding.

Dr. F. H. Davis, in behalf of Dr. Andrews, presented nine renal calculi, taken from one patient by Dr. Andrews.

Dr. Walter Hay, in behalf of Dr. Ben. C. Miller, exhibited a catheter which he had devised for the purpose of making medicated applications to the urethra and other tracts. It was a simple silver catheter, with a stylet having a bulbous point, just below which a piece of medicated sponge was folded. In the stylet, near the handle, a thread was cut, upon which revolved a disc; the stylet could thus be pushed forward out of the sound to the desired distance and object of treatment, or the sound withdrawn upon the stylet, and the medicated sponge, lying next the bulbous point, could be applied wherever desired.

Upon motion, the Society adjourned.

Transactions at Regular Meeting, July 13, 1874.

The Society met as usual, in one of the parlors of the Grand Pacific Hotel, Dr. Jno. E. Owens, Vice-President, in the chair.

Dr. A. K. Norton was unanimously elected a member of the Society.

The notice of the paper read at the last meeting by Dr. P. S. Hayes on "Multilocular Sero-cystic Ovarian Tumor," should have stated that the operation of electro-puncture resulted in complete recovery.

Dr. Hyde read a report of a case of variola, modified either by antiseptic treatment or previous protection, of which the following is a brief summary:

The patient, a boy of five years of age, was seen by Dr. Hyde the second day of his illness, and had high fever, pulse, 130, temperature, 105.5° F.; constipation, coated tongue, sleeplessness and jactitation. The cheeks were suffused with a damask stain, with well-defined limits on every side; no redness of the fauces, sore throat or coryza. The boy had been vaccinated in early infancy, but upon inspection of the arm I discovered a single punctate cicatrix, such as might have resulted from a wound of the arm by a shoemaker's awl.

On the fourth day a complete defervescence occurred. A gen-

eral eruption then appeared, gradually extending and invading the palms of the hands, the soles of the feet, and the pharynx; rapidly passed through the stages of pimple and vesicle, until a well defined umbilication occurred, vesicles generally discrete; the odor of small-pox was perceptible.

Some two years ago the attention of the profession was attracted to a form of treatment by antiseptic solution, first reported in a medical periodical of Canada, and largely copied by home journals. It consisted of carbolic acid, dr. j; of Squibb's pure medicinal sulphite of soda, dr. x; and f. oz. vj of water. Dose, children, one-half to one drachm; to adults, a tablespoonful, every three hours. Externally, a solution of carbolic acid (dr. ij), to glycerine (oz. iij). A febrifuge was also advised, of potassa chlorate, spts. nitre, and liq. ammonia.

Dr. Hyde employed the above treatment, modified, and on the sixth day of this patient's disease ordered: R. Acidi carbolici cryst., dr. j; sodæ sulphitis (Squibb's pure medicinal), dr. x; aq. menth. piperitæ, aq. puræ, *aa* f. oz. iij. M. Sig. one teaspoonful every three hours, day and night.

The external lotion was made of less strength, and modified thus: R. Acidi carboli, dr. j; glycerine, f. oz. iv. M. and use on the exposed parts of face and neck.

The result was as gratifying as surprising. Seventy-two hours afterwards, the ninth day of the disease, the little patient seemed practically cured of his malady; the eruption had everywhere subsided; no intumescence of the skin between the vari; the itching of the skin was very slight, and the child was dressed and at play. The subsequent history of the case is that of perfect restoration to health.

Dr. Hyde then alluded to the eight varieties of varioloid spoken of by Dr. Aitken, contrasting the present case with them, and developed several interesting points and deductions, and, in conclusion, said that there is as much evidence to show that the sulphite of soda is capable of controlling variola as there is in favor of the remedial influence of the transfusion of blood; it should be carefully and faithfully tried in each case.

In remarking upon Dr. Hyde's use of the sulphite of soda, Dr. Chapman said that two years ago, at Ann Arbor, they had quite a siege of small-pox in the college, during which the patients were put under treatment by the sulphites with great success. Those treated as soon as the attack became apparent were greatly benefited; the disease was modified in severity, there was no eruption on the palms of the hands or the soles of the feet, though the patients had never been vaccinated. The sulphite of soda and the sulphite of magnesia were used, a drachm of either salt in a glass of water, drinking of the same from time to time. A strong lotion of carbolic acid was used. The pitting was severe in two cases only.

Dr. F. H. Davis.—Was carbolic acid exhibited internally?

Dr. Chapman.—It was not; but a carbolic acid gargle was used in some of the worst cases.

Dr. F. H. Davis.—I had supposed that the use of the carbolic acid internally had as much to do in contributing to successful results and relief as the sulphites. I have tried the sulphites in three or four cases, and none died, though two cases were of the confluent variola. The attack did not seem to be aborted; there was some pitting in the confluent; used no carbolic acid externally.

By the President.—It is to Dr. A. Fisher the profession is indebted for establishing the dose of the sulphites. It is usually given in too small quantities, at too infrequent intervals. Dr. Blake, in 1864, reported to the American Medical Association a case of pyemia with pneumonia, pleurisy and endocarditis, with comp. com. fracture of the tibia. He had ordered drachm doses every four hours: at the end of thirty-six hours the patient had recovered from the pyemia; it was discovered, however, that four drachm doses of the lime sulphite had been given instead of drachm doses. The medicine should be given some time, to prevent relapses.

Dr. Fisher.—I have frequently given one ounce of the soda sulphite in twenty-four hours: even an ounce and one-half. The ordinary lime sulphite of the shops is totally unfit for use: that made by Dr. Squibb is the most suitable. In diarrhœa and cholera, a half drachm of lime sulphite may be given every four hours; have never seen bad effects in the use of the sulphites, and think I have aborted many cases which otherwise might have been fatal. I give it in every disease of a septic nature. In one case there was an infant in whom vaccination did not take. I gave the sulphites, and no eruption followed. Sulphite of soda may be given with peppermint water, in an emulsion; it is not distasteful to children. The soda is preferable in case of constipation. The sulphites are of no benefit in inflammatory diseases.

Dr. Andrews thought the sulphites were given too timidly. You must saturate the patient with the drug. Small doses are not so efficient as large doses.

Dr. Andrews then addressed the Society in partial review of the Report of the Supervising Surgeon of the U. S. Marine Hospital Service, comparing the same with a study of the cases in hospitals of London and Paris.

The only subject alluded to was that of the diseases of two races—the Teutonic and Negro, of this country; and the Teutonic (English) and Gallic race (French) of Europe; and also of their different physiognomy and facial angle, and measurements. His conclusions, in brief, were that the British Teuton, as compared with the Gallic Parisian, is prone to alcoholic disease:

the latter to venereal diseases. Some attribute the difference to influence of climate and food.

In this country we have the two races side by side, and in the same relation as to climate and food: say for the past three hundred years they have grown side by side.

In the Marine Hospital Report, the colored sailors, by a large percentage, are under treatment for venereal diseases, while of the whites much the larger percentage is in for delirium tremens.

Dr. Hay.—There is one view Dr. Andrews has omitted to take which a close observation of the negro race for twenty-seven years has led me to adopt. In the Teuton, the tendency to drink is partly hereditary; the negro in service has been kept sober, regular and steady in habits, and probably his freedom from alcoholism is due to this exemption from hereditary alcoholism. I mean the transmission of certain modifications of the nervous system, due to the continued use of alcoholics, by successive generations.

Dr. Andrews did not doubt this, but had never been able to satisfy himself as to the degree of exemption.

The President read a deferred paper on a means of facilitating the introduction of Barnes' dilators. The devices of Skene and Bishop were referred to, and the means suggested were offered as additional to these.

Dr. Bartlett's plan consisted in the rolling up of the ordinary dilator about the supporting rod or tube, and the maintenance of it in that state of compactness, till the introduction was effected, by means of a cord or tape, adjusted about it in such a manner as permitted of the ready release of the bag from the coils of the string. The dilator having been exhausted of air by suction with the mouth, is compactly rolled up on its long axis, and secured in this state by a temporary string at each end. A piece of wire, as a small stylet from a catheter, is then laid parallel with the bag and its supporting staff. The wire, bag and staff are then lashed together by what Dr. Bartlett called a key-wire stitch. The cord is first tied around the wire, at a point corresponding to the tube end of the dilator, it is then passed under, and then over the bag and staff, and then placed under the wire, and looped over it, the direction of the string being thus reversed. The cord is now carried under and over bag and staff, in a direction contrary to that of the first stitch, and is again carried under the wire and looped over it as before. This process of binding the bag on to the staff by looping the string over the wire, is continued till the dilator is lashed to the staff in nearly its whole extent. The stitch is ended off by taking several looped turns over the extremity of the wire, this latter is then withdrawn, so that its end rests concealed just below the presenting extremity of the bag The temporary strings are removed as the stitch is being made, or afterward. The dilator being introduced, the string is discharged

from it by withdrawing the key-wire. Any form of cord will answer the purpose, but very narrow tape, oiled, is the most suitable; the lashing should not be too tight. Dr. B. thought it probable that this stitch might be usefully employed for other obstetrical or surgical purposes.

The meeting closed with the presentation of a testimonial by Dr. Hay, in behalf of many members of the Society, to Dr. Hyde, the Secretary, of a set of Gouley's Sounds, and a Mott's Speculum, in recognition of that officer's long and faithful services to the Society.

Æsculapian Society of the Wabash Valley. *Proceedings of the 29th Semi-Annual Meeting.* Reported by G. T. RAGAN, Secretary, Neoga, Ill.

By invitation of the Clark County Medical Society, the Æsculapian Society met in Marshall, Ill., May 27th, 1874.

At 10 A. M. the meeting was called to order by the President, Dr. J. D. Mitchell, of Terre Haute, Ind. By request of the President, Rev. E. M. Pilcher offered prayer.

The minutes of the last annual meeting, held at Paris, Ill., were read by the Secretary, and approved.

Sixteen members were present, viz: W. M. Chambers, Charleston, Ill.; W. S. Goodell, Effingham, Ill.; N. S. Freeman, Campbell, Ill.; J. L. Hays, Paris, Ill.; Wm. Massie, Grandview, Ill.; J. D. Mitchell, Terre Haute, Ind.; D. O. McCord, York, Ill.; A. J. Muller, Paris, Ill.; W. S. Martin, Tuscola, Ill.; J. M. McKown, Arcola, Ill.; G. T. Ragan, Neoga, Ill.; M. Rowe, Dudley, Ill.; J. M. Steele, Grandview, Ill.; John Tenbrook, Paris, Ill.; J. Washburn, Tuscola, Ill.; L. J. Willien, Terre Haute, Ind.; and during the session eleven new names were added to the roll, after presentation in due form and an examination by the Board of Censors, viz: O. C. Tobey, Westfield, Ill.; A. K. Mosely, Grandview, Ill.; R. C. Prewitt, Marshall, Ill.; S. F. Storer, Darwin, Ill.; R. F. Williams, Casey, Ill.; Simon Jumper, Darwin, Ill.; W. H. McNary, Martinsville, Ill.; D. C. Nicason, Melrose, Ill.; A. T. Steele, Ashmore, Ill.; Jas. M. Barlow, Westfield, Ill.; R. C. Bradley, Marshall, Ill.; making, in all, a membership of sixty-two.

An address was delivered by Rev. Mr. Pilcher in behalf of the Clark County Society and citizens of Marshall, welcoming the Society to the hospitalities of their city. This address was responded to, in behalf of the Æsculapian Society, by Dr. William Massie, of Grandview, Ill., in his peculiarly happy manner.

On motion of Dr. McKown, the following members were appointed a committee to report resolutions expressing the feelings of the Society in reference to the death of Dr. F. R. Payne, viz: Drs. Chambers, Tenbrook and McCord.

After the usual preliminary business and dinner, the Society listened to a paper on "Cerebro-Spinal Meningitis," by Dr. L. J. Willien, of Terre Haute, Ind. On motion, the paper was received, and ordered to be filed. The following is a synopsis of this paper:

On the uncertainty of the epidemy of the said disease, since it is often mistaken for other diseases in malarial districts, having cerebral or cerebro-spinal complications. The disease has two well-marked forms, malignant and sporadic; the former ending fatally, and the latter being, most of the time, curable. That the disease is of an inflammatory nature, with serous exudation, is shown by post-mortems. Symptoms vary in gravity according to the idiosyncrasy of the patient and complications with other diseases. The main object of the practitioner is to understand fully the symptoms of cerebro-spinal meningitis and the diseases with which it is apt to be complicated.

A table of differential diagnosis is then given between the malignant epidemic and sporadic forms. The treatment indicates no special remedies, with the exception of the use of quinine, belladona, ergot, bromide potassium, and calabar bean, these remedies having undoubtedly given most satisfactory results.

The paper is closed with a report of a genuine case of cerebro-spinal meningitis, sporadic form, terminating favorably.

Dr. D. O. McCord has had a great many cases on the Wabash; considers them inflammatory in character, uses large purgatives, calomel and ipecac, followed by tonics. If he could get reaction, could save his patients.

Dr. Mitchell has always considered it very difficult to make a diagnosis, or, rather, all the true conditions are not met with in any case. Takes the ground that it is a malarial disease—rheumatic. Many of the attacks are similar to our malarial or congestive fevers. Most of the cases had contraction of the muscles. Some years ago had quite an epidemic of this disease. All died but one, which was treated by ten grain doses of quinine. Would use active emetico cathartics at first, but no purging afterwards.

The disease is not inflammatory in its inception, but may become so afterwards. The recent epidemic was very violent in form, and not the same disease as spotted fever.

Dr. J. L. Hays, of Paris, Ill., Chairman of the Committee on Surgery, made a report of cases in his own practice.

1ST CASE—Organic stricture of urethra in a male; relieved by operation.

2ND CASE—Obstruction of the trachea by coffee grain; successfully relieved by tracheotomy.

3RD CASE—Cataract of right eye, with chronic irido-choroiditis, supervening on an operation previously made for cataract on left eye. The operation of enucleation of the left eye, with a subse-

quent operation for cataract on the right eye, succeeded in opening the eye of the blind.

4TH CASE—Extirpation of the eye-ball.

In connection with this report was a case of acute necrosis of the tibia, reported by the Secretary, with natural expulsion of the bone entire.

The report was discussed by Drs. Chambers, Willien, McKown and Miller. Dr. Hays remarked a difference in periostitis and erysipelas in diagnosis. Erysipelas is always preceded by a chill.

Dr. Willien read a report of a case of perforation of the bladder, followed by recovery. The case was one requiring great skill in treatment, and the doctor's report was full and satisfactory. Dr. W. also reported an interesting case of uterine hemorrhage, appearing after five and a half months' gestation, caused by detachment of placenta. Premature delivery, favorable to both mother and child. A motion prevailed to file, with a vote of thanks to Dr. Willien for his papers.

In the absence of any report on practical medicine, a random talk was had. Dr. Massie raises the question whether we have any cholagogues.

Drs. Steele, Tenbrook and Chambers think we bleed too seldom. Dr. James Madison would quit the practice if his lancet were taken from him. Dr. Massie would not bleed under any circumstances because it is not fashionable.

A case was introduced by a resident physician for examination by the Society. A committee was appointed to examine the case and report. Committee—Drs. Hays and Willien—report the case staphyloma of the eye, caused by purulent ophthalmia. Case requires very mild treatment—weak solution of sulph. of zinc or nitrate of silver. Let the eye get well, and then excise the staphyloma and put in artificial eye.

In remittent fevers Dr. Steele advocates active catharsis with calomel. Dr. Massie objects to this, because it makes an unusual drain on the portal system. The presence of bile in the dejections is brought about by broken doses of calomel. If the object was to act on the bowels, would give large doses.

Dr. McCord would give an active dose at first, fifteen to thirty grains of calomel to an adult; then four grains of sulph. quinine every four hours.

Dr. A. J. Miller would not give calomel in large doses, if at all. If the tongue is white, don't give calomel, but give alkalies, *quinine as an alterative.*

Dr. McKnown does not believe in scouring out a man every time he gets sick. Gives thirty grains of quinine a day.

Dr. Massie—in every day ague it is questionable whether to give calomel or not—thirty grains of quinine before the next paroxysm.

Dr. McCord does not give large doses of quinine because he does not think such an effect on the nervous system is required; twelve to fifteen grains is sufficient for him to break up the paroxysm after first moving the bowels freely.

At 8 P. M., Dr. John M. McKnown, of Arcola, Ill., delivered a lengthy and eloquent address. Subject: "Temperance," as viewed from the stand-point of a physician.

On motion, a vote of thanks was tendered the Doctor for his very able address, with a request that a copy be furnished the Society for publication.

After the address the members were furnished complimentary tickets to a supper prepared by the Clark County Medical Society.

The remainder of the evening was delightfully spent in cultivating the spirit of conviviality with the good people of Marshall.

The following toast was read: "The Æsculapian Society, the oldest and most useful medical society in the State," which was responded to by the President in a very happy speech, referring to the origin of the Society, its progress, present prosperity, and its future prospects.

May 28, 7 A. M. The following resolutions were unanimously adopted:

Resolved, That this Society hails with pride and admiration the medical educational institutions of our great State of Illinois.

Resolved, That while we entertain the most catholic views toward medical colleges of sister States, we know of none possessing superior facilities in the West, both in regard to clinical instruction and able medical teaching.

Resolved, That jealousy and rivalry are as reprehensible in medical schools as in individuals, and that we will discountenance and frown down any attempt, on the part of one school, to supercede a sister school in any other way than by genuine merit.

Resolved, That we believe the growing interests of the State requires and will sustain two medical schools in Chicago, and that we can conscientiously commend the Rush and Chicago Medical Colleges to such as desire a thorough medical education.

The following are the chairmen of the standing committees: John L. Hays, Surgery; Mark Rowe, Practical Medicine; P. H. Barton, Midwifery.

Appointed to write on special subjects for the next meeting: A. J. Miller, Syphilis and Chancroid; Z. T. Baum, Special Pathology and Therapeutics; J. L. Hays, the Ear; J. M. McKown, Is Rheumatism Zymotic? L. J. Willien, Eliminatives in Disease; D. O. McCord, Malarial Diseases; E. B. Cannon, the Eye; W. S. Martin, Bright's Disease; A. K. Mosely, Pathology of Remittent Fever.

The following preamble and resolutions were read by Dr. Chambers, chairman of committee, and on motion were unanimously adopted, after appropriate remarks by the chairman of committee and other members of the Society, showing the high estimation of the character and worth of the deceased:

WHEREAS, It has been ordained by the All-Wise Dispenser of life and death that since the last annual meeting of this Society our justly distinguished brother, FLEMING RICH PAYNE, M.D., of Marshall, Illinois, should be removed from his career of usefulness, and intense mental and physical labor, to that state of existence where reigns perpetual peace and repose—where sickness and anguish have no abiding place; and whereas his life was morally blameless, and his connection with this Society shed a lustre upon the organization; therefore

Resolved, That by the death of Dr. Payne this Society has lost one of its oldest and best members, the medical literature of the State one of its ablest contributors, the profession at large the teaching and example of a thoroughly scientific physician, and a most worthy Christian gentleman.

Resolved, That a copy of this preamble and resolutions be presented to the members of his greatly bereaved family by the Secretary, that they be entered upon the records of the Society, and published in the CHICAGO MEDICAL JOURNAL.

W. M. CHAMBERS,
JOHN TENBROOK,
D. O. MCCORD,
Committee.

Dr. William Massie read his paper on Insanity, which was listened to with profound attention throughout, and was discussed by Drs. Chambers, Steele and Rev. Mr. Pilcher, all conceding the ability and research exhibited by the writer.

It would be difficult to give a synopsis of this paper without reproducing the whole, but the following is a summary of its conclusions:

1. There are degrees of responsibility in the insane.

2. Insanity does not necessarily acquit of responsibility, though it should be regarded as a mitigating circumstance.

3. No unexceptionable test of responsibility can be laid down, therefore each case should be decided for and by itself without reference to precedent.

4. The jury *alone* should determine the degree of responsibility of each concrete case upon testimony.

5. Three questions arise in every alleged case of insanity:

First. Is the accused insane?

Second. If so, is the alleged crime the legitimate product or out-come of the insanity?

Third. To what degree is the accused responsible for his act?

6. The medical expert *alone* is competent to testify on the first question.

7. Moral insanity, without impairment of the intellectual faculties, is a species of depravity, and should not acquit of crime.

8. Drunkenness is insanity, and should sometimes acquit of crime; at other times should be regarded as a mitigating circumstance.

9. Voluntary drunkenness is therefore itself a crime.

Drs. Ragan, Massie and Steele were appointed a committee to correspond with medical journals of Chicago in reference to the publication of valuable papers and transactions of the annual and semi-annual meetings of the Society.

A vote of thanks was tendered to the Clark County Medical Society, the citizens and Methodist Church of Marshall, for their courtesy, liberality and elegant entertainment.

Many other things of importance were brought before the meeting, but not of so general a character as to be published.

Neoga, Illinois, was selected as the place of holding the next annual meeting, which will be the 18th and 19th of November, 1874.

Editors' Book Table.

NOTE. — All works reviewed in the columns of the CHICAGO MEDICAL JOURNAL may be found in the extensive stock of W. B. KEEN, COOKE & CO., whose catalogue of Medical Books will be sent to any address upon request.

A Conspectus of the Medical Sciences, Comprising Manuals of Anatomy, Physiology, Chemistry, Materia Medica, Practice of Medicine, Surgery and Obstetrics, for the use of Students. By HENRY HARTSHORNE, A.M., M.D., Professor of Hygiene in the University of Pennsylvania, etc., etc. Second Edition. Enlarged and thoroughly revised, with four hundred and seventy-seven illustrations. Philadelphia: Henry C. Lea.

This is perhaps the best book of its class which has hitherto appeared; it is full, complete and well arranged. Designed for the use of students, it is, however, liable to abuse by this class of readers, in supplying to them a ready method of cramming for examinations. This fact constitutes the basis of our objection to this entire class of manuals, and with this fact in view our endorsement of the book must be qualified thereby. H.

An Introduction to Physical Measurements, with Appendices on Absolute Electrical Measurements, etc. By Dr. F. KOHLRAUSCH, Professor-in-Ordinary at the Grand-Ducal Polytechnic School at Darmstadt, and formerly Professor of Physics at the University of Gottingen. Translated from the Second German Edition, by THOMAS HUTCHINSON WALLER, B.A., B.Sc., and HENRY RICHARDSON PROCTOR, F.C.S. New York: D. Appleton & Son. 1874.

The scientific physicist or chemist will find in this little treatise an invaluable hand-book for the laboratory, and while there is much that is both valuable and interesting to the physician, using the term in its ordinarily restricted sense, its thorough appreciation demands a degree of proficiency in mathematical science which is acquired by very few medical men. Indeed, while the processes for the determination of physical measurements are most of them examples of conscientious labor and models of scientific accuracy, they concern matters too minute, and involve investigations too delicate, to come within the scope of the practical physician in his daily routine of duties. But of this class, even, those who have the time to devote to it will derive much valuable instruction from its pages. H.

Electro-Therapeutics: A Condensed Manual of Medical Electricity. By D. F. LINCOLN, M.D., Physician to the Department of Diseases of the Nervous System, Boston Dispensary. Philadelphia: Henry C. Lea. 1874.

One of the best manuals of electro-therapeutics hitherto published. It is an effort in the right direction, to reduce order out of chaos, and to deduce some general principles of application from the heterogeneous mass of empiricism commonly denominated electro-therapeutics. The work is comprised in eight chapters: Physical Laws of Electricity; Modes of Generating It; Physiology; Diagnosis; Modes of Application; Medical and Surgical Practice; Cautions; and Apparatus. They will be found comprehensive, and yet concise, and bear the impress of a mind practically familiar with his subject. H.

NEW JOURNALS.

The present season has thus far been prolific in additions to the periodical professional literature. Amongst these *The Archives of Electrology and Neurology* occupies a conspicuous position, not

only from the novelty of the field which it proposes to occupy, being the first legitimate effort in that direction in America: but likewise from the deservedly eminent position held by its Editor, Dr. Geo. M. Beard, in this department of scientific inquiry. Under the editorship of so able an investigator, and so accomplished a teacher as Dr. Beard, we have the right to expect a journal of a high order of merit, which will become the medium for the presentation to the profession of what is true and reliable, and the exposure of what is fallacious in this terra incognita of electrology. The literature of electricity, more especially in its therapeutical relations, is becoming voluminous, although by no means proportionately perspicacious. To digest this mass will become one of the most important functions of a journal such as this, in the performance of which it will render a signal service to the reading portion of the profession. The hopelessness which has hitherto oppressed the minds of practical men, in regard to the successful treatment of many forms of nervous disease, in view of the brilliant successes attributed to electrical influence in some of these forms, has given place to a spirit of credulity which demands both direction and repression, and this, too, will become one of the duties of Dr. Beard's Archives. The present No. justifies our expectations; it is creditable alike to both editor and publisher. It would give us pleasure, did time and space permit, to notice its contents in detail. We shall take the liberty hereafter to draw freely upon them for the benefit of those of our readers who may not be so fortunate as to become its subscribers.

H.

In the *Psychological and Medico-Legal Journal*, we prefer to claim an old friend returned to the work after a short absence, in a somewhat modified garb, than an entirely new acquaintance. It was with great regret that we chronicled the cessation of the publication of Dr. Hammond's Journal of Psychological Medicine, from whose pages we have drawn many lessons both pleasant and profitable, and it is with much pleasure that we welcome the advent of its legitimate successor to a field of professional literature largely unoccupied. In this field, the new journal will, of course, from the established reputation of its editor as an authority in psychological medicine, assume the most conspicuous position, and will be gladly welcomed by all students in this

department of medical science. The new is somewhat more comprehensive in its scope than the old journal was, since it is intended to include the department of Medical Jurisprudence, which is by no means as attentively regarded by the majority of the profession as it deserves. The present issue is designed to be a monthly instead of a quarterly as in the former case, which change in form is asserted by the editor to be in opposition to his own judgment, and only a concession to that of his friends. It contains the address of the editor, upon assuming the presidency of the New York Neurological Society, upon the "Effect of Alcohol upon the Nervous System;" the Laws of Topographical Diagnosis, in Chronic Diseases of the Nervous System, by Moritz Benedict; the Proceedings of the N. Y. Neurological Society; and Reviews; all of which will be found interesting. The Editor is assisted by Dr. T. B. Cross. The Publisher, F. W. Christern, 77 University Place. The local agents, Messrs. W. B. Keen, Cooke & Co.

Another new candidate for periodical honors appears from the South, in the shape of "*The American Medical Weekly*," edited by Dr. E. S. Gaillard, of Louisville, Ky. Dr. G., so long and favorably known to the medical profession as the editor of the *Richmond and Louisville Medical and Surgical Journal*, one of the largest and best of our cotemporaries, must be endowed with much more than his fair share of energy and industry, who can, while already conducting a medical journal of no mean pretensions, thus undertake the conduct of another; who in no dread of monthly, braves the terrors of weekly visitations of the Devil (Printers.) We can only wish for ourselves that his industry were transmissible through the mails. We can pay both journals no higher compliment than the Horation "Mater pulchra filia pulchrior." H.

From the antipodes comes the *Australasian Medical and Surgical Review*, giving us a peep at the sayings and doings of our professional brethren in "isles of the sea." The No. before us, the 7th, vol. 1, contains interesting original articles upon Leucorrhea, Diarrhea, and Anæsthetics, showing the profession to be well up to the times in the antarctic world; Extracts, and Items; from the latter of which which we are glad to learn the Christian spirit pervading the profession, as demonstrated by the omission of the

meeting of the Victoria Medical Board on Good Friday—an example worthy of imitation.

Its columns contain also the results of the Examination at the University of Melbourne, from which it appears that the course of medical studies extends over a period of five years—another good example, still more worthy of imitation. H.

BOOKS RECEIVED.

Inflammation of the Lungs, Tuberculosis and Consumption. By LUDWIG BUHL. New York: G. P. Putnam's Sons, Fourth avenue and Twenty-third street.

Electro-Therapeutics; A Condensed Manual of Medical Electricity. By D. F. LINCOLN, M.D., Physician to the Department of Diseases of the Nervous System, Boston Dispensary. Philadelphia: Henry C. Lea. 1874.

PAMPHLETS RECEIVED.

Catalogue of the Officers and Students of the University of Virginia. Fiftieth Session, 1873–74.

Fifteenth Annual Announcement of the Miami Medical College of Cincinnati. Session of 1847-5.

Electrolysis in the Treatment of Stricture of the Urethra. By ROBERT NEWMAN, M.D., New York.

Thirty-third Annual Announcement of the St. Louis Medical College. Winter Session, 1874–5; and Catalogue for 1873–4.

Transactions of the Minnesota State Medical Society, 1874. St. Paul.

Medical Problems of the Day. The Annual Discourse before the Massachusetts Medical Society, June 3, 1874. By NATHAN ALLEN, M.D., LL.D., Lowell, Mass.

Transactions of the Kentucky State Medical Society, 1874.

Inorganic Cardiac Murmurs. By A. T. KEYT, M.D., Cincinnati.

Fifty-fourth Annual Announcement of the Medical College of Ohio.

Report of the Quebec Lunatic Asylum, 1872–3.

Twenty-fifth Annual Announcement of the Medical Department of the University of Nashville.

Diseases of the Conjunctiva. By DUDLEY S. REYNOLDS, M.D., Professor of Ophthalmology and Otology in Louisville Hospital Medical College, Louisville, 1874.

JOURNALS RECEIVED.

The Atlanta Medical and Surgical Journal—July.
" Australasian Medical and Surgical Journal, Melbourne—April.
" American Journal of the Medical Sciences—July.
" American Practitioner, Louisville—July.
" American Medical Weekly—Vol. 1, No. 2.
Boston Journal of Chemistry—July, and Index.
Boston Medical and Surgical Journal.
The Clinic, Cincinnati—June 20, 24, July 11.
Cincinnati Lancet and Observer—July.
Druggists' Circular—July.
Detroit Review of Medicine and Pharmacy—July.
Le Gazette Medicale de Paris—No. 21.
The Indiana Journal of Medicine—June, 1874.
London Lancet—June, 1874.
The Medical Times, Philadelphia—June 20, 27, July 1.
" Medical and Surgical Reporter, Philadelphia—June 20, 27, July 4, 11.
" Medical Examiner, Chicago—June 15, July 1.
" Medical Record, New York—June 15, July 1.
" Missouri Clinical Record—July.
" Medical Press and Circular, London—June.
" Medical Mirror, New York—July.
" Medical News and Library—July, and Supplement.
" Medical Herald, Leavenworth—July.
" Northwestern Medical and Surgical Journal—July.
" Nashville Journal of Medicine and Surgery—June.
" Peninsular Journal, Detroit—March and July, 1874.
" Pharmacist, Chicago—June, 1874.
Le Progres Medicale—March 23, 30, June 6, 13.
The Practitioner, London.
" Physician and Pharmacist—May.
La Reforma Medica Periodico Oficial, Madrid.
The Richmond and Louisville Medical Journal—June.
" St. Louis Medical and Surgical Journal—July.
" Southern Medical Record—June.
" Virginia Medical Monthly—July.

Editorial.

" One More Unfortunate."

The notorious " Dr." Earll once again, for the twentieth time (more or less) has the opportunity to contemplate the outside world, from the inside (right side) of the jail-bars. A neighbor of his once earned the soubriquet of the " great unshot." Might not Earll, with still greater propriety, be designated as the great unhanged? As the case stands now, he is certainly the most persecuted individual that ever attempted to obliterate the evidences

of human frailty with a bougie. Three times within less than six months, and how many times before that we have forgotten, have the minions of the law seized upon their victim, dragged him before coroners' juries, charged him with murder, double murder, for against such, single murders are not counted,—locked him behind prison bars, and what? — set him free, in order to play over again the same farce.

Years ago this man was charged by his own wife, under oath, with the crime of abortion, and with the added enormity of burning his own aborted child, piece-meal, in the stove. Here were two possible crimes suggested, of which one must necessarily have been committed, murder or perjury. If the woman told the truth, the man should have been hanged for murder; if she lied, she should have been sent to the penitentiary for perjury. Does the law encourage these crimes? it would seem so, since here is one or the other positively proven, and yet the allotted punishment is withheld.

And now, in the present case, a perfect net-work of crime is displayed: Adultery, perjury upon perjury, shamelessly admitted before the coroner's jury; murder, double murder, more perjury, flagrant violations of known laws, more perjury—and yet out of all this crime no specific act will be fixed upon any one, and no one will be punished. The actors will be turned loose to prey upon society, and juries will try to stifle their consciences with the hard-strained plea that they have "well and truly tried the case," "so help them God," which last prayer should be rather "God help them."

[NOTE.—We are indebted to the kindness of Prof. E. L. Holmes for the original of the following circular, which we translate entire for the benefit of our readers.]

Periodical International Congress of the Medical Sciences.
Fourth Session. Brussels, 1873.

STATUTES AND PROGRAMME.

In order to carry out the decision made by the Medical Congress of Vienna, on the 6th of September last, designating the city of Brussells as the locality of the next meeting of the Periodical

International Congress of the Medical Sciences, a Committee of Organization was appointed. This committee—composed of M. Vleminckx, President of the Royal Academy of Medicine of Belgium, President; M. Deroubaix, Vice-President (acting); MM. Bellefroid and Crocq, Ex-Vice-Presidents, members; and M. Warlomont, Secretary—has arranged the statutes and programme of the meeting as follows:

ART. 1. An International Medical Congress shall meet at Brussells, on the 19th of September, 1875, under the auspices of the Government.

ART. 2. The Congress, exclusively scientific, shall remain in session one week.

ART. 3. The Congress shall be composed of members of the medical profession, both national and foreign, who shall have forwarded their credentials of membership to the General Secretary. They shall not be subjected to any contribution, and shall alone be allowed to participate in the discussions.

ART. 4. The work of the Congress shall be divided into five sections, *i. e.:* 1st, Medicine, Surgery and Obstetrics; 2nd, Military Surgery (ambulance supply and service); 3rd, Hygiene; 4th, Ophthalmology; 5th, Pharmacology.

ART. 5. Upon the receipt of their certificates, members will be enrolled in the sections with which they may desire to unite. Any member may also be enrolled in several sections. Each of the sections shall choose its President, two Vice-Presidents, and a Secretary.

ART. 6. The Congress shall meet twice daily, from 10 A. M. to 1 P. M., for work in the sections; in the afternoon, from 1.30 to 5, for that of the general meeting.

ART. 7. Reporters, designated in advance by the committee, will state to the sections the subjects which shall have been assigned to them. This statement will terminate with provisional conclusions, which will have been published several months in advance of the meeting of the Congress, and which the sections shall examine in the order adopted by agreement. This work finished, they (the sections) will devote the remainder of the time to the reception of communications referring to the specialty of each, or outside of the programme. The definite conclusions voted by the sections will be next submitted by reporters, selected by them, to the sanction of the General Assembly.

ART. 8. The sessions of the General Assembly shall be devoted: 1st, To the communication of investigations directed to subjects outside of the programme; 2nd, To the discussions of reports—in the order of their presentation—and, at the proper time, to voting, by the Congress, upon the conclusions proposed by the sections.

ART. 9. Members desiring to make communications upon subjects foreign to those upon the programme, should notify the General Secretary at least one month before the opening of the Congress. The Committee will designate the appropriate time for the presentation of such communications, and also the order in which they shall be presented. The time devoted to each speaker will be limited to a maximum of twenty minutes. This restriction not being applicable to reporters.

ART. 10. At the first session the Congress shall nominate its Administrative Staff, which shall consist of a President, two acting Vice-Presidents, an indefinite number of honorary Vice-Presidents, a General Secretary, and Recording Secretaries.

ART. 11. All papers read before the Congress shall be laid upon the table. The Committee of Organization, which will resume its functions after the session and proceed to publish the transactions of the Congress, will decide upon the total or partial, or non-insertion of each in the report.

ART. 12. Whilst the sessions will be conducted in French, members will be permitted to express themselves in other languages. In such cases, if it be so desired, an abstract of the sense of their remarks will be translated by one of the members present at the meeting.

ART. 13. The President will regulate the sessions and the debates in accordance with the forms generally adopted in deliberative assemblies. He will determine the order of the day, after consultation with the other officers.

ART. 14. Medical students may receive cards of admission, but will not be admitted to participation in the discussions.

THE COMMITTEE IS NOW OCCUPIED IN THE SELECTION OF SUBJECTS FOR THE FORMATION OF THE PROGRAMME. THEY WILL BE GLAD TO RECEIVE, FROM WHATEVER DIRECTION THEY MAY COME, COMMUNICATIONS WHICH MAY BE ADDRESSED TO THEM ON THIS SUBJECT, AND WILL CONSIDER THEM IN THE CONSTITUTION OF ITS PROGRAMME, WHICH WILL BE PUBLISHED IN THE MEDICAL JOURNALS FOR THE MONTH OF JANUARY NEXT, WITH THE PROVISIONAL

CONCLUSIONS OF THE COMMITTEE. COPIES WILL BE ADDRESSED TO MEMBERS WHO MAY APPLY FOR THEM.

The Committee requests editors of medical journals throughout the world to kindly give the greatest and speediest publicity possible to this communication.

(Signed) VLEMINCKX, *President.*
WARLOMONT, *General Secretary.*

BRUSSELLS, April 15, 1874.

All communications must be addressed to M. le Dr. Warlomont, 152 Rue Royale a Bruxelles.

Married.

At Indianapolis, July 2, by Rev. Robert Collyer, Miss MELLIE R. MANLOVE, daughter of the late Absalom Manlove, Esq., of that city, and Dr. R. L. REA, of Chicago.

Chicago Mortality Report for June, 1874.

MORTALITY IN MONTH OF JUNE, 1874.

Accident, by burns	1	Croup, membranous	2
" by being crushed	1	Cyanosis	3
" by drowning	17	Debility, general	8
" by fall	1	Delirium tremens	1
" run over by wagon	2	Diarrhœa	7
" thrown from buggy	1	Diphtheria	2
" thrown from horse	1	Dropsy, general	2
" by scalding	2	" ovarian	1
" by suffocation	1	Dysentery	3
" by railroad	7	" chronic	1
Abscess	1	Entero colitis	4
" lumbar	1	Enteritis	17
Anæmia	1	Exhaustion	1
Apoplexia	9	Erysipelas	4
Bowels, ulceration of	1	Fever, congestive	1
Brain, congestion of	7	" intermittent	1
" inflammation of	10	" puerperal	5
Bronchitis	6	" remittent	2
" capillary	1	" scarlet	14
Cancer of breast	2	" typhoid	7
" lung	1	Gangrene	1
" stomach	3	Gastritis	3
Child birth	2	Gastro enteritis	1
Cholera infantum	68	Hemorrhage, internal	1
" morbus	2	Heart, disease of	6
Consumption	41	" organic disease of	1
Convulsions	65	" valvular disease of	5
" puerperal	2	" rheumatism of	1
Croup	2	Hip disease	1

Hepatitis	1	Peritonitis	1
Hernia, strangulated	1	" puerperal	1
Hydrocephalus	9	Pneumonia	14
Inanition	16	Pleurisy	1
Illeo colitis	1	Pyæmia	1
Kidneys, Bright's disease of	7	Pyo nephritis	1
" fatty degeneration of	1	Rachitis	1
Laryngitis	2	Scrofula	3
Liver, disease of	2	Septicæmia	1
" cirrhosis of	1	Small-Pox	7
" fatty degeneration of	1	Spina bifida	2
Lungs, congestion of	4	Sun stroke	4
" hemorrhage of	1	Suicide	8
" paralysis of	1	Tabes mesenterica	14
Mania, puerperal	1	Teething	2
Measles	4	" and complications	7
Meningitis	11	Tetanus	1
" cerebro-spinal	6	Tumor	1
" tubercular	2	Tonsilitis	1
Metritis	1	Uremia	1
" puerperal	1	Uterus, hemorrhage of	1
Œdema pulmonum	2	Vertebra, caries of	2
Old age	9	Whooping cough	13
Paralysis	3	Total	542

COMPARISON.

Deaths in month of June, 1874	542
" " May, 1874	509
Increase	33
Deaths in month of June, 1873	658
Decrease	116

AGES.

Under one year		231	Forty years to fifty		39
One year to two		59	Fifty " " sixty		21
Two years to three		17	Sixty " " seventy		15
Three " " four		6	Seventy " " eighty		20
Four " " five		8	Eighty " " ninety		4
Five " " ten		15	Ninety " " one hundred		--
Ten " " twenty		22			
Twenty " " thirty		41	Total		542
Thirty " " forty		44			
Colored	6		Males	296	
White	536		Females	246	
Total	542		Total	542	

Married, 131; Single, 411. Total 542

NATIONALITIES.

Belgium	2	India	1
Bohemia	6	Italy	1
Canada	1	Ireland	40
Native—Chicago	73	Norway	5
Foreign, "	231	Poland	2
United States, other parts	72	Scotland	6
Denmark	1	Sweden	8
England	13	Switzerland	1
Germany	64	Wales	1
Holland	3	Unknown	11

Deaths daily, 18. Mean temperature, 70°. Rain fall, 3.25 inches. 542

MORTALITY BY WARDS, ETC.

Wards.	No. Deaths.	Wards.	No. Deaths.	Wards.	No. Deaths.
1	--	8	47	15	75
2	3	9	42	16	37
3	16	10	9	17	26
4	8	11	11	18	16
5	13	12	12	19	1
6	41	13	8	20	3
7	61	14	11		440

No. of deaths in Wards	440	Hahneman Hospital	1
Accidents	34	Protestant Orphan Asylum	2
Bridewell	1	R. R. Depot	1
County Hospital	12	St. Joseph's Orphan Asylum	1
Foundlings' Home	25	St. Joseph's Hospital	3
Home for Friendless	2	Small Pox "	1
Hospital Alexian Brothers	1	St. Luke's "	2
Hospital for Women and Children	2	Suicide	8
Mercy Hospital	6	Total	542

CASES OF SMALL-POX REPORTED DURING JUNE, 1874.

Wards.	No. Cases.	Wards.	No. Cases.	Wards.	No. Cases.
1	--	8	--	15	8
2	--	9	--	16	6
3	--	10	--	17	3
4	2	11	--	18	2
5	--	12	--	19	1
6	9	13	1	20	--
7	3	14	--	Recent arrival	1

Total	36
Cases reported during June, 1874	36
" " " May, 1874	56
Decrease	20
Cases reported during June, 1873	149
Decrease	113

To Editor Journal:

In this report you will see that compared with last month the increase was 33 deaths. With the increase of temperature the rate of death always increases; the increase being among children under five years of age. The temperature for this month was 22° higher than for the last month, and 26° higher than for the corresponding month of last year. At that time an epidemic of cholera was raging, while this year no epidemic of any kind is present. With the increase of temperature the rate of mortality, especially among children, may be expected to increase four-fold compared with the present rate. I cannot too strongly urge the profession to use every endeavor to have the families in their charge take unusual precautions in the care of their children, for from present indications the death rate will be unusually high this summer, and too much care cannot be taken in the management of children.

BEN. C. MILLER,
Sanitary Supt.